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ABSTRACT

Presented in the fifth volume in a series are the proceedings of six separate conferences held over a period of five years (1971 - 1975), each representing the culmination of a set of studies in child variance. The proceedings are one of an interrelated group of products for each year of studies, which includes a volume of research reports, training videotapes, and a videotape record of the conferences. Explored during the first, Theories of Emotional Disturbance Conference, were the convergences and divergences of the following: (1) biogenic theories, (2) learning and behavioral theories, (3) psychoanalytic and psychodynamic theories, (4) sociological theories, (5) ecological theories, and (6) countertheories. In the second, Intervention Strategies Conference, interventions suggested by the above theories were explored and innovative programs employing these interventions were discussed. Experts at the third, Service Delivery Systems Conference, examined the following delivery systems which had been studied: (1) mental health, (2) education, (3) corrections, (4) social welfare services, (5) religious welfare services, and (6) counterinstitutions. The fourth, fifth, and sixth were futures conferences which attempted to predict and make recommendations for future directions in the field of child variance. The fourth, focused on Child Care in a Strained Society, made such recommendations as the elimination of labeling and classification and consciousness raising among professionals. Schools, Melting Pot, and Differences was the title of the fifth conference, which covered such issues as school dropout rates and cultural deprivation. The sixth, Who Cares for America's Children, made such recommendations as shifting emphasis from helping troubled children to rearing healthy children who are resistant to damage. Names and affiliations of the participants are included and a list of 34 videotapes is appended. (IM)

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ABSTRACTED-CEC ERIC

A STUDY OF CHILD VARIANCE

VOL.5 Conference Proceedings

William C. Rhodes

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Conceptual Project In Emotional Disturbance

1975

INSTITUTE FOR THE STUDY OF
MENTAL RETARDATION AND RELATED DISABILITIES
THE UNIVERSITY OF MICHIGAN ANN ARBOR, MICHIGAN

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PREFACE

The following pages represent six separate conferences, over a period of five years, which addressed themselves to the topic of the Child Variance series. The discussants are well-known individuals who have made important contributions to the field of child variance.

Each conference represents the culmination of a set of studies in child variance. The first year of studies addressed the divergent theoretical perspectives used to explain and understand child variance. The second year of studies looked at the kinds of interventions which flow from each of the divergent theoretical perspectives. The third year considered the various service delivery systems, which operated with these theories and interventions. The fourth year of studies was devoted to a consideration of the next decade and an attempt to predict and influence the future directions of the field of child variance.

The yearly proceedings are one of an interrelated group of products for each year of studies, which included a published volume of research reports, a group of training video tapes, and a videotaped record of the conferences to go with these written proceedings.

The first experts' conference, 1971, explored the divergences and convergences among the theoretical perspectives of a) biogenic theories, b) learning and behavioral theories, c) psychoanalytic and psychodynamic theories, d) sociological theories, e) ecological theories and f) countertheories.

The second experts' conference, 1972, explored the distinct interventions which flowed from the above theories and countertheories and discussed innovative programs employing these interventions.

The third experts' conference, 1973, examined service delivery systems which utilized these diverse theories and interventions. The systems studied were: a) mental health, b) education, c) corrections, d) social welfare services, e) religious welfare services and f) counterinstitutions.

The final phase of Studies in Child Variance produced three conferences on the future, one in 1974 and the other two in 1975.

The proceedings for each conference were drawn from a meeting climaxing three days of discussion. We have tried to extract the most salient ideas presented by the experts. They have reviewed our transcripts, and their suggestions have been incorporated in the final version.

ACKNOWLEDGEMENTS

Many persons contributed directly or indirectly to the preparation of the Proceedings. First of all, we would like to thank the conference participants for their cooperation. Their stimulating interchanges provided a wealth of material from which we compiled this volume. The participants were:

1971 Conference
Dr. Jay Birnbrauer, Dr. Jane Kessler, Dr. Bernard Rimland, Dr. Thomas Scheff, Dr. Edwin Willems.

1972 Conference
Dr. Allan Cott, Dr. LaMar Empey, Dr. Carl Fenichel, Dr. Jeannine Guindon, Mr. Peter Marin, Dr. K. Daniel O'Leary, Dr. Matthew Trippe.

1973 Conference
Dr. Richard Cloward, Mr. Sanford Fox, Dr. Vernon Haubrich, Mr. Sam Keen, Dr. Haskell Miller, Dr. John Seeley.

1974 Conference
Dr. Bruce Balow, Dr. Paul R. Dokecki, Dr. Herbert Grossman, Dr. Samuel L. Guskin, Dr. Everett Reimer, Dr. Donald E. P. Smith, Dr. Richard J. Whelan.

February 1975 Conference
Dr. Rue Cromwell, Mr. Peter Marin, Dr. Jane Mercer, Dr. J. R. Newbrough, Dr. Bernard Rimland, Dr. Frank Wood.

April 1975 Conference
Dr. Ann Hill Beuf, Dr. Samuel J. Braun, Dr. Judith K. Grosenick, Dr. Jeannine Guindon, Dr. Nicholas Hobbs, Ms. Marion Moses.

Dr. Michael Tracy and Dr. Sabin Head, who each served as Principal Investigator for the Conceptual Project, were responsible for arranging the conferences, and overseeing the myriad details involved in that task. The Research Assistants for each volume also assisted by contacting the conference participants and filling in wherever help was needed.

The Conceptual Project's Research Assistants were:

Lee Atkinson, Alice Bron, Douglas Burke, Carol Cheney, Bud Cooney, Don Des Jarlais, Lynne Feagans, Tom Feagans, Margaret Fraser, Edward Hoffman, Lawrence I. Kameya, Jonathan Kantor, Elizabeth Klopper, John Kotre, Kathleen M. Kowalski, John Malafouris, Barry Moore, Alan Neff, Anne Nemetz-Carlson, Linda Odum, Ed Peay, Daniel Pekarsky, Mark Ravlin, Virginia Rezmierski, Darlene Russ, Mark Sagor, Jean Shaw, Kenneth Shaw, Christopher Unger, Melinda Wagner.

We should also like to acknowledge the invaluable services performed by the Project support staff. Judith M. Smith performed the tremendous job of editing the transcripts of the six conferences. Catherine Anderson, Catherine Drob, and John Evans were involved with the original taping and editing of the conferences. The later conferences (1974, February 1975, and April 1975) were taped by the crew of WNGE in Nashville, Tennessee. Mary Morrison, Jean Wolter, Estelle Rhodes and Frances Barth serving as secretaries for the Project, competently handled the numerous arrangements necessary for the travel and housing of conference participants. In addition, they prepared the transcripts of the Conference Proceedings from which the final manuscript was prepared. Jean Wolter supervised the typing of the final version, and managed the rental library of video tapes produced by the Project.

We are deeply indebted to Dr. Herman Saettler of the Bureau of the Educationally Handicapped, Office of Education, whose help and support has made the entire Project possible.

We are also indebted to the Institute for the Study of Mental Retardation and Related Disabilities, under the direction of Dr. William M. Cruickshank, for the use of the facilities of the Institute and for continued consultation and support.

W.C.R.

Ann Arbor, Michigan, 1975

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THEORIES OF EMOTIONAL DISTURBANCE CONFERENCE

This conference was held in May, 1971 in Ann Arbor, Michigan.

Participants were:

Dr. Jay Birnbrauer, Professor of Psychology, The University of North Carolina, Chapel Hill, North Carolina.

Dr. Jane Kessler, Professor of Psychology, Case Western Reserve University, Cleveland, Ohio.

Dr. William Rhodes, Director, The Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Dr. Bernard Rimland, Director, Institute for Child Behavioral Research, San Diego, California.

Dr. Thomas Scheff, Chairman of the Department of Sociology, University of California at Santa Barbara, Santa Barbara, California.

Dr. Edwin Willems, Professor of Psychology, The University of Houston, Houston, Texas.

Also participating were the research assistants on this Project:

Sue Swap, Don Des Jarlais, Ginny Rezmierski, Mark Sagor, Alice Bron and Tom Feagans.

PROCEEDINGS OF A CONFERENCE ON

THEORIES OF EMOTIONAL DISTURBANCE

May, 1971

Dr. Rhodes:

Members of the panel for this discussion are: Dr. Jay Birnbrauer, Professor, Department of Psychology, The University of North Carolina, Chapel Hill, North Carolina (Behavioral Area); Dr. Jane Kessler, Professor, Department of Psychology, Case Western Reserve University, Cleveland, Ohio (Psychodynamic Area); Dr. Bernard Rimland, Director, Institute [illegible] Child Behavioral Research, San Diego, California (Biogenic Area); Dr. Thomas Scheff, Chairman, Department of Sociology, University of California at Santa Barbara, Santa Barbara, California (Sociological Area); Dr. Edwin Willems, Professor, Department of Psychology, The University of Houston, Houston, Texas (Ecological Area). Also participating are the research assistants on this Project: Sue Swap, Don DesJarlais, Ginny Rezmierski, Mark Sagor, Alice Bron, and Tom Feagans.

I would first like to ask you to describe the most distinctive features that your theory has to offer to other theories.

Dr. Birnbrauer:

The most distinctive aspects of behavioral psychology are its reliance on experimental methodology and its recognition of the limits that are placed on us when it comes to trying to answer questions. That is, we state questions in forms which are answerable and proceed to make experimental analyses which attempt, at least in part, to answer the questions that have been posed. The methodology is an approach to solving problems. It is an approach that would solve all problems, because it is an analytic one. It is an approach that requires you to look for the controlling variables. Once you have all of those, to the extent that you can manipulate them, you can solve the problems.

Dr. Scheff:

Labeling theory, which is one of the hats I wear, contributes a number of ideas. Let me speak about one of them. Picking out the individual as the locus of the problem is a moral decision--it is a political decision. In a problem situation, the purely psychological, individual-oriented attempt to solve the problem is to pick out some person and say he is the problem. Labeling theory asks the theorist, the researcher, to look at the larger situation.

For example, when I was in England one year, attached to a mental hospital, I heard the initial interviews of male inmates. One of the key concerns of the people who brought many of the young men to the hospital was that these young men weren't working--they did not want to work. Of course there were other things, too, but this was often a crucial issue between the father and the son. In talking to the psychiatrist, one of the young men said, "Why should I work? I look at my old man who has been working for thirty-five years and what has he got to show for it? This system is screwing me over." The psychiatrist usually sided with the father. This young man was commenting on an aspect of the industrialist-capitalist system in England; it should be made explicit instead of hidden behind talk about pathology, individual drives, and so on. Discussion of the problem should be broad enough to include these cultural, moral, and political judgments.

Dr. Kessler:

I have listed four contributions of psychoanalytic theory; other theories share them so they are not really distinctive to psychoanalytic theory, but they are well developed in psychoanalytic theory:

1) The general developmental approach to understanding behavior; that is,
    a) continuity of experience;
    b) the idea that there are critical periods of special vulnerability to external experiences;
    c) the continuum between normal and pathological behaviors;

2) the tremendous importance of relationships to people in personality development--characteristic stages and various kinds of dependence; and as a corollary, the importance of self-awareness, self-esteem, and sense of identity;
3) typical sources of anxiety and defense behavior, particularly the inevitable anxieties coming from internal conflict;
4) the role of fantasy, which is compounded of past experiences, feeling expectations, and intellectual misunderstandings.

Dr. Willems:

It should be made clear that we are not really representing theories at all. I am representing a domain of concerns within which there might be whole families of theories, of preferences, and so on. I suspect that this is also true of the other four people who have been invited. In a sense, we are pointing to domains which should be taken seriously.

The ecological perspective says the following: it may be handy, but in the long run it may be very misleading to believe that behavioral phenomena occur in an isolated fashion--they perhaps occur in complicated systems; therefore

1) in basic investigation it might be worth our while to assume that they do not occur in isolated fashion;
2) at the level of worries about troubled people, the mode of intervention is something we ought to consider with some care.

The ecological perspective clearly has a dual aspect. That is, on the one hand in thinking about the intervention issue, we ought to be ready to be surprised and informed about the complexity and multilevel interdependency of factors and engage in modes of action that assume and recognize this complexity and interdependency. But just as important an aspect of the ecological perspective is the belief that basic investigative research, the search for basic information about human behavior, should also be ready to accept, recognize, and celebrate this kind of complexity.

Dr. Rhodes:

What would you like to pull from other theories, and how would this change your theory?

Dr. Birnbrauer:

If I am going to represent behaviorism today, I should say "nothing." This follows in part from Professor Willems' point that we are representing perspectives or viewpoints, rather than theories. In my judgment, the ecological perspective has no corner on the idea that behavior and environments are complex and very difficult to sort out and separate. One of the things that I think we need to do, in the applied area in particular if not in the labs, is to start conducting just what Ed suggested: long range studies in which we look at more aspects of the environment and more aspects of the repertoires of the people that we are studying. Am I getting that view from ecological theory? No, it is something that we agree on. We agree that the total environment may affect the total repertoire of a person and that changing one aspect of someone's repertoire may have effects other than the particular effect under scrutiny.

Also, I don't know that behaviorism would take anything from biogenic theory that isn't already there. The role of biological variables in development has always been acknowledged to be damned important, but not within our province of study. The biogenic view and the behavioral view are compatible because they tend to see eye-to-eye on what data to look at and analyze, but they put emphasis on different variables.

The psychodynamic view and the Scheffian sociological view, which I believe to be somewhat different, serve a very valuable function. When I say, "nothing," I am not suggesting that we annihilate all the other views. The valuable function which they serve is that of raising problems and continuing to remind us that there are a number of questions and problems that we give lip service to, but don't really get around to tackling.

Dr. Scheff:

In contrast, I feel committed to a wholistic view of human affairs. I would like to have my theory utterly transformed by bringing in points of view from these other disciplines. I have come to feel that emotions play a tremendously important part in both personal and social phenomena, and that they are neither studied sufficiently nor appreciated at all in sociology. To some extent, the same is true of academic psychology. Specifically, we need to look at the biogenesis of emotions. What are we saying when we talk about body takeover in emotional discharge? Our knowledge of that is practically at the common folk level. We need an enormous amount of information about the physiological changes that accompany emotion. Studies of the ways that infants handle emotions, for example, probably would be extremely edifying.

I suggest behavior modification is replacing one neurosis with another--removing one stimulus-response of a chain and putting another in its place. This automatic kind of behavior is that aspect of people which I think of as their neurotic part. It is quite different from that which I consider the human part of people: their freedom, spontaneity, creativity, and sensitivity.

Perhaps my point was a little overdrawn and I would like to modify it a bit. Desensitization, as I understand it, is the removal of such an automatic sequence of behavior. I think there is a place for desensitization, perhaps a very large place, in therapy. Because some of these chains or defenses are remarkably tenacious, it would be an enormous boon to therapeutic practice if we had some effective and cheap way of working on them. This is different from conditioning, in which a certain kind of behavior is being encouraged.

What are the display rules for emotional expression which seem to be operating in large systems? One of the key characteristics of mindless bureaucracy is that affect is inhibited. We know virtually nothing about that. I think the ecologists or someone using ecological methods could say a great deal about it.

One thing that I think needs to be developed in the human sciences is a technique of research which is experiential. The psychodynamic technique of free association has this characteristic. Free association involves letting a person tell you his experiences. I think that the discoveries which are going to be made in the social sciences will be made along this route, rather than by dealing with external, so-called objective, easily measurable characteristics. We have to get into people's experience and find out how they see the world. Admittedly, the technique of free association needs a lot of systemizing. There has to be some ingenuity in thinking of ways in which it can be converted into hard evidence for propositions.

I will conclude with a stray thought on psychodynamics. It seems to me that psychoanalysts have isolated the defense mechanisms of individual personality systems. I would like to see these made more concrete and systematic. I would also like to see more studies made concerning their validity and accuracy. My own hunch is that such studies would be quite fruitful.

Dr. Kessler:

I am going to answer in terms of what I think contemporary psychoanalysts need in their diagnosis, treatment, consultation, etc.--better ways of identifying differences in basic ego functions and specifying how these differences, which are probably biogenic, contribute to the course of effective development. How do they alter experience? How do they alter relationships with people? How do they fit in with fantasy? How do they fit in with self-awareness? How do they contribute to the experience of anxiety and to defense mechanisms?

Second, with the emphasis psychoanalysts always place on the internal system, it is obvious that much too little attention has been given to factors in the external reality. I have in mind two domains of factors in external reality. First, the immediate life span of the child; there is a tendency to continually underrate the continuing influence of the parents and others in perpetuating and maintaining maladaptive behavior. Psychoanalytic theory has been very neglectful of the role of peers. Psychoanalysts have always looked at authority--vertical relationships. They have never looked at horizontal peer relationships. The second domain concerns the broad environment. Psychoanalysts have looked very little at social institutions and how they affect values and operational influences of family, peers, etc. Sociological and ecological theories could contribute here.

Ms. Rezmierski:

Are you thinking of Eric Erickson?

Dr. Kessler:

He is one of the few who has looked at this aspect and he has done it in a narrow way. He has looked to see what the individual is faced with when he looks out on the real world. But he hasn't really looked at how institutions affect those people who affect the individual. He has looked at the individual and the social institutions without looking at this intermediary link.

Dr. Rimland:

As Professor Birnbrauer indicated, there is a fairly close relationship between his viewpoint and mine. Both acknowledge the obvious fact that humans are animal organisms and that for this reason humans belong to the category of metabolic learning machines. Our approaches are scientific procedures for taking advantage of these characteristics of the subjects with which we are concerned. I have long been an advocate of the behavior modification approach toward the handling, treatment, and teaching of children with behavior disturbances or disorders. In fact, one of the major misapprehensions that people have when they hear me ranting and railing about the importance of biology is that they assume I think that behavior modification would not be useful in treating children who have biologically caused behavior disorders. I think the opposite is true. I repeatedly pull out the example of Helen Keller as an individual with very severe and irremediable biological problems which were overcome by a programmed behavior modification approach to teaching.

I would like to point out that there is another very important means of connecting the behavior modification and biological approaches. I refer here to the use of behavior modification methodology as a means of evaluating biological treatments. For example, John Orr of Peabody College in Tennessee took measurements of the behavior of an autistic child who is on the vitamin treatment with which I have been experimenting. The child went around tapping things and a count was made over time periods of how much tapping the child did while he was on the vitamins and while he was not on the vitamins. Definite differences were found in the behavior of the child when he was on the vitamins.

A similar thing was done at the University of Washington by a teacher, a Mrs. Burgess, who does behavior modification. She kept very close records of the behavior of the child with and without the vitamin treatment and, again, she found very definite differences. The rather sensitive and accurate recording techniques of the behavior modification approach eliminate issues such as whether a parent is misperceiving improvement in a child's behavior.

Of course, there are instances in which the careful charting of behaviors, etc., is not required. In the past several months I have been in communication with several people in the Special Education Department at the University of Utah concerning a case in which a boy's behavior became uncontrollable when his mother took him off these vitamins temporarily. But these procedures do provide the accurate and sensitive methods of evaluating the types of treatment of behavior disorders in children.

I have been familiar with the other three theories for some time. I think I have already adapted to my thinking whatever contributions they may make to my approach. I have enjoyed meeting the advocates of the other approaches in these meetings, but since I was already familiar with these approaches, I have not had to change too much of my thinking.

Dr. Birnbrauer:

Would you say that your position on the applicability of behavioral techniques is the majority or minority view among biogenic folks?

Dr. Rimland:

My impression would be that most of the biologically oriented people, much as myself, have a great deal of respect for what can be accomplished with purposeful, structured education. The example of Helen Keller continues to come to mind, but there are many other instances where retarded children can be taught things. The important point is that the kind of education that works for handicapped people is specific, aimed, structured, purposeful, and directed education. If you are trying to change an individual through education and have a very diffuse program, it is not going to work, and I think this fact is appreciated by most of those people with whom I would associate myself. In other words, I think they are quite favorable toward the idea of education as a means of modifying behavior. They recognize that there is a deficit in learning, but they do not regard it as an absence of the capability of learning. If the teaching is conducted with the deficit clearly in mind, then the deficit can often be overcome.

Dr. Birnbrauer:

This view is not getting down to the pediatrician and other practitioners.

Dr. Rimland:

I do not think that most pediatricians have the biological view toward learning disorders. I wish they did, but the biological view is really maintained by only a relatively small number of practitioners and researchers in psychiatry, pediatrics, and allergy. The vast bulk of pediatricians and psychiatrists haven't the slightest idea that it even exists --or if they know about it, they reject it.

Dr. Birnbrauer:

I am specifically referring to frequent advice to parents from medical people, whether they be psychiatrists or pediatricians. As soon as there is a neurological defect of any magnitude or a recognizable condition like mongolism, a viewpoint of hopelessness and "get rid of the child" is still very frequently transmitted to the parents.

Dr. Rimland:

That is very true. Or if the kid is hyperactive, drug him out of it so he will be as much like normal kids as possible, in terms of hyperactivity if not in alertness.

Ms. Swap:

If Professor Birnbrauer wanted to modify the teacher's behavior in a particular classroom setting, would you still go along with the behavior modification methodology? Is it only when behavior modification principles are applicable to children who have some kind of physiological problem that they are useful? Or do you believe that behavior modification techniques are useful in general?

Dr. Rimland:

I am very impressed by what I have read about behavior modification as it is applied to delinquents, say, or to school truants. For a great many forms of aberrant behavior which I would not regard as necessarily physiologically based, the practice of making the person's rewards contingent upon his behavior is very successful. Behavior modification is used by the federal government to collect taxes--a citizen knows he will go to jail if he does not pay his taxes. Behavior modification is used by police departments around the country to keep people from parking where they should not park and to keep them from speeding--a driver gets a ticket if he drives too fast. No, I think behavior modification as a means of modifying all kinds of human behavior is a very successful enterprise and should be used more.

Mr. DesJarlais:

Suppose there is a child in a classroom who is in conflict with the teacher and you are called in to see what is going on. You find some sort of biogenic abnormality in this child. Would you still consider changing the teacher's behavior, or would you say that because there is a biogenic abnormality in the child it is the child that must be treated? The alternative is that even though the child has a biogenic abnormality, his behavior is still permissible, and you change the surrounding social environment.

Dr. Rimland:

I think that the child's behavior should be managed, however necessary. This usually involves changing the teacher's attitude. If, for example, the teacher thinks the child is emotionally disturbed because of problems in the home or for some other reason, and he decides to accept the behavior rather than try to control it, he is not doing his job. If he is concerned that he is going to disturb the child's psyche, I believe he is under a misapprehension about what causes, what treats, and what cures these disorders. As a means of modifying the child's behavior, it is necessary to modify the teacher's attitudes and behaviors towards the child, irrespective of whether the problem is biogenic. If it is biogenic, then if the teacher has some training or experience in these matters, he may be able to identify some approaches that might be helpful, such as encouraging the child's mother to feed the child a proper breakfast if the child is coming to school hungry or isn't getting enough protein. But by and large, teachers can't be expected to appreciate or know about these things. It needs to be emphasized to them that there are a variety of reasons why children show behavior disorders.

Dr. Willems:

There are eleven points that I want to make regarding the second question.

1) The ecologist could learn a lot about when it is useful and when it is best to adopt very circumscribed models from the people of biogenic persuasion.

2) Secondly, I think we have a lot to learn about explicitness, rigor and reliability--all of which the people in the behavioral area live with and get with their pablum. We could learn a lot by working with explicitness, specification, and measurement.

3) Another issue that bothers me concerns the distinction that behavioral people often make between behavior being expressive and behavior being instrumental. I think the ecologist can learn a lot from the psychoanalytic and behavioral people on this issue, because, contrary to the behavioral viewpoint, the ecologist would say that behavior is often expressive. The behavior of a person, a group of persons, or a population of persons can be highly expressive of what is going on in their lives and in their relationships to the environment. But maybe it need not be only expressive of something that is going on intrapsychically.

4) I think we have a lot to learn about how to gather data, how to concatenate them, and how to make inferences from them on a large scale. This, of course, is the strong suit of many sociological investigators.

5) I think we have a lot to learn about studying things across very extended time periods. This is something which those of psychoanalytic persuasion have done from the beginning.

6) In understanding relationships between organisms and their environments which, of course, is a central issue in ecological circles, I think we could benefit from adopting the perspective of the behaviorist. This perspective, if you want to talk in terms of straw men, is the study of what animals can be made to do rather than what they do. I think monitoring what organisms can be made to do can tell us a lot about the behavior of organisms and about their relationships to their environments.

7) We should devote a lot more attention to individual differences which biogenic people, psychoanalytic people, and behavioral people accept and work with in great detail.

8) I think we need to learn a lot about models for managing at the conceptual level the things with which we work, and about models for dealing with system-like phenomena. There are emerging principles for this which come, interestingly enough, out of systems analysis and the application of systems analysis principles to sociological phenomena.

9) An issue that has come up a number of times that I don't know how to deal with but I would like to rap with you about is what I call the problem of residual effects. It has come up in several forms: the cause-content form, the residual effects form, the adult residue of earlier trauma form, etc. It does make sense, you see, to assume for many intervention purposes that what the person is carrying around is some residual effect of something--the residual effect being that to which we address ourselves. When that is so and when it is not, and when we should rather look somewhere else, e.g., the transaction between child and environment rather than in terms of intrapsychic residual effects, is something that troubles me. We need to learn those lessons.

10) Closely related to what Professor Rimland said is the point that we need to learn a lot about specifying the limits of functioning for persons, or more generally, the organisms, with which we deal. One of the things that I think people have in the biogenic and psychoanalytic traditions is a great deal of skill in specifying the limits of functioning; sometimes this is done through standardized tests, sometimes through a combination of approaches. What I have in mind here might be clarified by an example. Say you have a person who is a quadraplegic; say a diving accident has given him a high spinal cord injury which is chronic --he will never have a great deal of functioning restored. We need to learn a lot about specifying the limits of functioning, about which we know little as yet, so that we can construct the interpersonal and behavioral environmental systems that would promote and maintain the functioning of which this individual is capable. I think many quadraplegics, for example, can become CPA's, insurance salesmen, counselors, or whatever. In fact they do, but we don't know under what conditions they can.

11) This is more in the form of a recommendation. We hear a lot about interdisciplinary or transdisciplinary work, and transdisciplinary experiments have been tried many times. The data are in on many of them and most of them have been a total flop. Partly this is so because people are at sea when they begin thinking about interdisciplinary work. Where is it? What is it? Who is going to do what? So I recommend an alternative that I think really is an alternative; that is, that we piggyback our work, rather than thinking in truly transdisciplinary perspectives. I would, for example, like very much to piggyback on the work of behavior modification people, school system consultants, and so on. Let them do their thing and I will do mine. We can piggyback on each other and not always worry about whether our work is interdisciplinary, where it lies, or where the affiliations are.

Dr. Birnbrauer:

When you mentioned expressive behavior and instrumental behavior, did you mean those as synonyms?

Dr. Willems:

I was imposing a distinction that people like Sidney Bijou and Don Baer have made, sometimes in a 'straw manish' fashion, but sometimes with great usefulness. Don Baer has argued often that, with the possible exception of blushing, he has never seen a case of behavior being expressive. According to this view, all behavior is for what it gets. I think I would carp that. I would carp with it in a way which is not exactly like the way a personologist or a psychodynamicist would carp with it. I would generalize this view and say that very often the substantive content of behavior, apart from its occurrence, rate, and typography, can be indicative of something gone wrong. The something gone wrong might be something in the environment.

Dr. Birnbrauer:

I do not object to the use of the term 'expressive,' actually. With regard to point number six; I didn't understand it well enough to ask a good question about it.

Dr. Willems:

It does require a bit of context. That context, very quickly, is that many of the devotees of what has come to be called ecological research have argued that the major task for them is to document what organisms do and document the pattern and the structure of the environment. In other words, they see their major task as being descriptive. What you behaviorists do is something very different. You place high value on probing into what animals can be made to do. You determine what kinds of conditions can be constructed that will program certain outcomes. I think we have a lot to learn from that orientation because that process can be very informative, in terms of its successes, in terms of its failures, and in terms of its marginal successes.

Dr. Birnbrauer:

But it doesn't tell you what people do, or explain why they do it.

Dr. Willems:

I think it might. I am thinking of the work of E. W. Menzel with monkeys. He noted through descriptive research that, at percentage rates hovering around the high nineties to the low nineties, the monkeys tended to spend their time at the edges of things--the edges of trails, the edges of rocks, and so on--an interesting descriptive phenomena. If in engaging in a program by which you try to shape a different pattern of behavior you have a marginal or complete degree of success, I think this process can elucidate a lot--maybe about how the original behavior happens, for example. I am thinking of the classic experimental paradigm without the substance of traditional experimentation, but rather intrusion on the system. What you behaviorists do very well is intrude on systems.

Dr. Birnbrauer:

This is something to which Professor Rimland will want to reply if I follow you correctly, and it is something that I have wrestled with a long time. Students often ask about the relationship between experimental research and explaining how patterns of behavior actually do develop in real life. I don't have a good answer to the question. I would say that if you were able to modify the monkeys' behavior so that they did not cling to the edges any longer, that does not really tell you anything about how those monkeys came to cling to the edges in the first place.

Dr. Rimland:

I don't really think our technology and our intellect is capable of offering any very good insights into that matter at this time. The observation regarding the edges of things may be more a function of the characteristics of objects than of monkeys. There are unique qualities to the edges of objects--all of us are around the edge of the table, for example. Edges are unique in many ways. I don't know how much that observation contributes to our knowledge about monkeys.

Dr. Willems:

Is there a place for concrete examples? Eckerthess has been studying the phenomena of imprinting and pushing back some of his implications into the prehatching or incubation period. Descriptively, he has found, through a very interesting combination of electronic devices and direct observations, that mother ducks and ducks inside the eggs before they are hatched have a certain "critical time" to communicate with each other. They peep back and forth. When this system of communication is kept intact, the variability in the hatching time of the eggs is about six hours. When this possibility is disrupted there is a great deal of variability in the hatching times of the eggs--up to fifty hours. Very interesting! You say, "So they communicate; the prehatched duck has to be provided with some vocal feedback at this critical time." But that is not all. It has been shown experimentally that if the mother ducks are taken away and taped peeps are provided on a noncontingent basis, the variability in hatching rates is the same as when there are no peeps from any source. The peeps must be contingent on the peeps of the duckling inside the egg. That is what controls the variability. This was an experiment. A system was intruded on experimentally, if you will, and something about a descriptively achieved hypothesis was elucidated.

Dr. Rhodes:

What orienting attitudes are you interested in transmitting to teachers, in addition to what has been explicitly communicated in the literature regarding your theory's basic assumptions?

Dr. Rimland:

Briefly, I would like teachers to have a pragmatic attitude rather than a dogmatic one. They should try to find out what works for each child, recognizing that children vary enormously, what the nature of the problem is and what causes it. Then try a variety of techniques until success has been achieved, if it is possible to achieve it. Then go on from there. I think rigidity has been a terrible handicap in the past; it is necessary to break away from that and be much more innovative, and again, pragmatic.

Dr. Scheff:

I go along with that. But I raise the question: How do you get teachers to not be rigid? We get back to emotions. My orienting communication would be that in order to be sensitive to children, and to be pragmatic, and to come up with solutions to the particular difficulties and problems that each child faces, the teacher is going to have to do something about his own psychological, interpersonal state. I suggest that the teachers need to be organized into some sort of peer self-help psychotherapy group. This would have immediate effects on their teaching and long-range political and cultural effects on the position of teachers in the society.

Dr. Rimland:

Good or bad?

Dr. Scheff:

It depends on your point of view.

Dr. Birnbrauer:

It also depends on what goes on in the therapy.

Dr. Scheff:

Yes, it depends on whether the therapy is effective or not. If the therapy is ineffective it might be neither good nor bad. You would want to have a technique that is effective.

Mr. Sagor:

I would like to make a distinction and see if you agree with it. Professor Rimland, you were saying that you maintain that flexibility in teachers is a cognitive process, a technique for problem solving, or something like that. And Professor Scheff, you were saying that you can produce or maintain flexibility by working in the affective domain.

Dr. Scheff:

The sources of most rigidity and dogmatism are emotional rigidity, dogma, *idee fixe*, that is, inflexible ideology, true believing, and so on. These roots are emotional. The roots, of course, ultimately are not in individuals alone, but in the social structure and in the culture, although they do interact. I do not know how to change cultures; I don't think anybody does. So, the only way I see to get at these roots at the moment is intervention at the interpersonal and personal level.

Dr. Rimland:

I think Mr. Sagor did us a good service in pointing out this difference in the assumptions we are making. I think there is far greater likelihood of the teachers having beneficial effects on their students if they are free from their cognitive hangups--if they are informed of the advisability of trying different methods, by virtue of their being informed that no one knows what the right methods are but there are a variety of methods to try. For centuries, people have tried a variety of techniques such as religion, teaching, cajoling, threatening, and group methods of various kinds to change people's affective structure with relatively little effect. What they believe and what they practice in the cognitive domain has been far more amenable to change. So I believe that we can train teachers without having to try to alter their basic personality structure.

Dr. Kessler:

I find this the hardest question of all. I suppose the first thing would be to listen to children and set goals together, particularly in the case of children that seem to be problem children. An earnest attempt to get to that child by trying to see his point of view and by trying to decide on a joint plan of action in a really legitimate way, not faked, would be the first thing.

Secondly, I have a problem I do not have an answer for. In working with teachers, I have a great deal of difficulty trying to decide how I want them to view their role as a teacher. On the one hand, many of them have rescue fantasies and have no idea as to the limits of their functioning as a teacher. They take every problem and every difficulty of the child as a personal insult, and reflecting on their own skills. This is one extreme that needs to be corrected. The other extreme is the teacher who feels he has no effect--it is all due to what the child brings from home, his IQ, or whatever. I have a great deal of difficulty between the two extremes of how the teacher sees what he can or cannot do. I think it is important, but I do not know how to give a general answer. This points up a problem we have in teaching teachers--what is appropriate for the one is diametrically inappropriate for another.

Dr. Birnbrauer:

I will mention five things; I am not sure whether they are explicit or not. They are usually not understood as well as they ought to be.

1) I guess we have all agreed that pupils are individuals and have individual needs.

2) Secondly, that means that there are not going to be any easy solutions. I would say that this is something that ought to be addressed to psychologists and school administrators, as well as to the teachers themselves. We too often hear of the panaceas that are touted around. Something gets put on the market and everyone buys it, although its clearly not going to be useful for all kids under all circumstances.

3) I think that teachers ought to be urged to look more carefully at their objectives, not only by specifying them more exactly, which the behavioral approach argues for, but also by thinking about the ordering of them and whether they are really worthwhile goals. It strikes me that a lot of what we do in schools is not worth the time, and we have got our hierarchy of goals out of whack.

4) Professor Scheff has reminded me of the value of trying to alert the teacher to his continual need for feedback from the kids in the classroom. These kids, after all, provide the information as to whether the teacher is accomplishing his objectives.

5) Teachers ought to get accustomed to observers in the classroom and actually seek them out. We never get to the point that we cannot use someone else's view as to what we are doing in a situation. I would say this to any psychotherapist or psychologist, as well as to any teacher. Video tape is very good for this. One anecdote: A few years ago a graduate student gave a lecture in class, and I said at the end of it, "That was a beautiful lecture; I really enjoyed it and I think the students did too, but I bet you were not aware of the fact that you were juggling a piece of chalk the entire time." He didn't believe he was doing it!

Dr. Willems:

Orienting attitudes that I would like to transmit to teachers are:

1) Things are more complex than they seem to be.
2) Child-environment linkages are worth paying attento.
3) Educative settings in a general sense are, after all, systems and one never does only one thing.
4) Independent observation, either through the medium of electronic devices or through direct observation, is valuable; I wholeheartedly agree with Professor Birnbrauer on this; there are many anecdotes which might demonstrate the point.
5) Openmindedness--and by this I don't mean being open to one set of possibilities and being closed to all others; nor do I mean empty-headedness.
6) Adoption of an investigative stance with the educative stance--a question asking, hypothesis forming, question answering kind of stance--while running a classroom, while in an educative setting. It is possible. I see psychotherapists doing it. I see some teachers doing it. It is not only possible, it is good for morale.

Dr. Kessler:
But I would like to see the child taken in on that; let this investigative stance be a joint thing.

Dr. Willems:
Sometimes not.

Dr. Kessler:
OK, but let it be something the child can participate in.

Dr. Rhodes:
What are the theoretical criteria for a successful intervention from your theory's perspective? How do you recognize a successful intervention?

Dr. Birnbrauer:

The behavior modification approach consists of first reducing the problem to specifiable objectives, changes in behavior patterns, and secondly, counting the things which would indicate whether one is making progress towards those objectives. A successful intervention is one in which accounts of the behaviors in question indicate that they are occurring frequently enough, or infrequently enough, to indicate that the goals of the intervention are being accomplished. There is more to be said along these lines, but the next question has to do with persistence of effects, so I will just pass that on and let someone else answer.

Dr. Rimland:

I would say that my answer is very close to Professor Birnbrauer's. We do not concern ourselves very much with the cultural relativity of behaviors. We are interested in certain specifiable behaviors that I believe most people would consider undesirable and maladaptive. The cessation of those symptoms or problems and the onset of much more desirable behaviors, particularly learning behaviors, are the criteria that I would endorse.

Mr. DesJarlais:

Would you also include some sort of understanding of biological mechanisms, or are you talking primarily about something that works?

Dr. Rimland:

I understood the question to be in the specific case of a specific child, in which case the criteria I mentioned would be those that would apply.

Dr. Willems:

I think there are two different aspects to the concept of success. One is a kind of domain of proof, and the other is acceptability or accountability. That is, in the general investigative, scientific sense, a successful intervention is one which results in something you can attribute to your manipulations. There is another sense in which you start with a problem and you get an outcome that you feel is good. Your judgment is that you have been successful because the outcome is good, so to speak, or palatable.

Dr. Rimland:

There is a technique used by Professor Birnbrauer and me called using the subject as his own control, which consists of administering the experimental treatment, seeing what happens, discontinuing the treatment, seeing what happens then, and finally reinstating it again and watching what happens. I have mentioned in one of my earlier answers what happened in the case of three children who happened to be in operant conditioning programs at three different universities. They were on the vitamin treatment program that I am working on and when the vitamins were discontinued there was a very definite, noticeable, and countable deterioration in the child's behavior which was corrected upon reinstatement of the vitamins. That makes a pretty clearcut type of evaluation.

Dr. Kessler:

I will speak again from the point of view of the psychoanalytic practitioner. How would the practitioner judge that an analytically derived psychotherapy has been succesful? He always uses the phrase, "the child can manage so much better and do so many more things." What does the phrase, "the child can manage" mean? It seems to me that it comes down to the child having a lot more techniques of control in his possession. A lot of these are directed towards controlling his emotions, being able to set his goals and pursue them, going where he wants to go, having self-confidence, and bringing about congruence between his goals and his capabilities. All of these techniques are in terms of self control. The child can have other techniques for controlling his environment. He can identify what is bothering him in his environment, and he can address himself to those people in a constructive way so as to change his environment.

It can be seen how this criteria of success is related to the way psychoanalytic practitioners look at children. They tend to minimize the powerlessness of children in affecting their environment. They tend to think that as children get to the age of seven, eight, nine, or ten, they are able to influence the people in their environment if they know exactly what it is they want and if they know how to express themselves constructively, realistically, and at the proper time. It has been an unfortunate side effect of analysis that many ex-analysands, et al, have only gotten from this the idea that one ought to be able to tell anyone off at any time.

Dr. Willems:

I come back to the basic fact that I am not really representing a theory; that is a problem here, because it makes it very hard to specify terms, content, or criteria. So what I am going to say is full of unspecified terms that we have come to talk about. With intervention, one always begins with a problem that somebody has defined or recognized as a problem. Some kind of cues have led to the belief that something is wrong. An intervention has been successful when the problem has been alleviated, both in the short run and the long run, and no unacceptable byproducts have cropped up. At least for me, 'long run,' 'short run,' 'unacceptable' and 'alleviated' are all unspecified terms.

Dr. Scheff:

What I would look for in terms of a very broad social science perspective is some sort of participative or consentual evaluation of the intervention by the participants in the system, including the intervening person. This would involve the students, the teachers, and the administrators in a global way. To what extent have the system and the people in it become more human? To what extent have human needs been met by the intervention? By this I mean people feeling better as individuals, relating more cooperatively, and becoming more creative as individuals and as organizations. I have in mind a kind of global and wholistic judgment of the effects, the feelings, and the changes in behavior created by the intervention.

Dr. Willems:

I think the world of intervention represents a world of fantastic lost opportunities. Maybe we should at least entertain the possibility that we judge an intervention successful if its execution, the monitoring of its process, and the data generated by it contribute something to the understanding of behavior.

Dr. Scheff:

Whose understanding?

Dr. Willems:

Ours.

Dr. Scheff:

Us and them? It seems to me you would want to specify pretty clearly whom you are including and whom, if anyone, you are excluding.

Dr. Willems:

I do not know how we tool up for that. The whole business of reform attempts and change agentry intervention presents a tremendous array of opportunities for generating data on human behavior.

Mr. DesJarlais:

A point that came up in some of the earlier discussions was that an intervention may be successful if it is solving problems at different levels, that is, if it is both relieving personal distress, and also bringing about organizational changes that might lead to the continuance of the solving of organizational problems.

Dr. Rhodes:

How do you maintain change once your intervention has been made?

Dr. Kessler:

I am curious about how you happened to ask that question. There must have been some thinking behind it.

Ms. Bron:

For a long time in this Project, we have been wrestling with the distinction between that which produces behavior and that which maintains it. That distinction in terms of ideology has been translated here into the intervention problem --the concern about behavior maintenance.

Mr. DesJarlais:

Another reason for asking the question was the possibility that this would bring out connections between the different theories. For example, something like behavior modification might bring about a change which you might want to reinforce and maintain through sociological change.

Dr. Birnbrauer:

From my point of view, maintaining changes is one of the most pressing problems facing behavioral therapeutic efforts and educational efforts. More and more behavior therapists are becoming concerned about how to maintain the changes that sometimes can be made very easily in a child's or adult's behavior in a circumscribed situation. How do we get a generality of effects from a classroom or an institution to the home environment or the work environment, or what have you? I do not think the problem is new to behavioral techniques; it is just more obvious when you are using behavioral techniques because you are recording things and you see quickly and very easily that what you have done for the child in one situation just does not have any effect on his behavior outside that situation. Also, the effects are very frequently not maintained after the therapy is over.

There have been several suggestions about how to effect maintenance. One is that if the child starts out in a highly controlled and artificial environment, like an institutional environment, he should then be put through progressively less controlled environments. This is not a novel idea by any means; institutions started having halfway houses, quarterway houses, gateway houses, and so on, a long time ago.

Another suggestion, which is not new either, is to minimize the number of artificial procedures in the first place. That is to say, if the child is at home, do not put him in an institution unless it is absolutely necessary; conduct the therapy at his home. Work with the agents that are going to be in his environment after the therapy is over. That is, work with the child's parents, the child's teachers, and the people in his community.

Dr. Willems:
In a way, tussling with this question should become hopelessly concrete, specific, and case-by-case. I do not have time for that. At a very general level, you have to deal with the variables of control of the problem to which you are addressing yourself--those that really control it. We don't know much about those. In a way, the heavy burden that is placed on us is to address ourselves to the conditions under which behavior occurs.

Dr. Rimland:
Do you believe that changing the environment, the ecology, or what have you, would prescribe the way the intervention might be made more permanent in some cases?

Dr. Willems:
Yes.

Dr. Rimland:
As Professor Birnbrauer mentioned earlier, one of the ways of maintaining a change would be to keep the child in an environment which is conducive to his maintaining the desired kind of behavior. Another answer to the question is that the proper type of intervention is one which requires a

minimum effort to maintain the effects of that intervention. Another type of answer would be the pragmatic one which I have stressed in other connections. Find out what maintains the desired change and do it.

Dr. Scheff:

My answer to this question is related to my answer to the last question. If your intervention is participative, if you get the cooperation of the people and that cooperation is knowledgeable and if they are satisfied with what happened the last time, then you have built in the mechanisms for maintaining the change. If the intervention is of a participative character, then the people will want more of whatever it was that was given them, and they will know where to get it or how to do it, preferably, how to do it themselves.

In medicine now, there is a doctrine that is fairly recent; it is called enlightened consent. Until about ten years ago, the physician would ask the patient something like, "Do we have your consent to do this operation?" That is all he would ask, and the patient would give a 'yes' or 'no' answer. Well, now the courts have said it is not good enough.

Ms. Rezmierski:

But it would be difficult for a child to have knowledgeable consent of having an intervention done upon him. So maybe your system is limited in some ways to not being able to include children.

Dr. Scheff:

You include a child to the limits of his ability. If you are going to deal with one year olds, there is not going to be much negotiation going on. But if you are dealing with three year olds or four year olds, you might be surprised how knowing, canny, and conwise they can be if the trouble is taken to get some feedback from them.

Dr. Kessler:

I am taking psychotherapy as my example of intervention in answering this maintenance question. In psychoanalytic theory, we do not have such a big problem with maintenance because after a successful intervention, the child should have the tools within himself to maintain change. Self-maintenance would be part of the criteria for success.

Dr. Rhodes:

There is a general agreement on the value of careful observation; to what extent are the particular observations made determined by your theory, and vice versa?

Dr. Kessler:

The observation techniques that derive from analytic theory are skillful talking, listening, and asking questions --essentially, verbal means of communication. Psychoanalysts rely very heavily on verbal tools; this has been one of their big weaknesses, of course.

Dr. Rimland:

I am glad that Professor Kessler emphasized that particular point. In both manifestations of my own theory, the nutritional approach and the learning theory approach, the emphasis is on behavioral observations of the child, rather than verbal communication with him. If the behaviors are obviously improved, it is concluded that the treatment is effective.

Dr. Kessler:

What did you mean by the second part of that question? Maybe I do not really know what the question is.

Ms. Bron:

Do the particular kinds of observations you make feedback on the kind of theoretical conceptions you can have?

Mr. Feagans:

What made me think of the first part of this question was a comment that Professor Willems made in an earlier session about behaviorism. He said that he viewed behaviorism as being a programmatic technique, and not theoretical. In his view, theory should determine the observations that are made. Professor Willems noted that the success of behavioral therapy is mixed, and he thinks that it is determined by the skill of the particular person who is applying the methods. He thinks it would be better if the methods were not so dependent on particular skills. I take it that one way to get away from that is to have the observations less subjective, i.e., theory determined.

Dr. Birnbrauer:

I do think we have to be very careful with our observations. That is one of the reasons why most of the behavioral studies now being done require that there be at least two observers. It is important for the behavior therapist to be observed, as well as the subject. One of the things that I am strongly advocating right now is that there be much more observation of the therapist than there has been up to now in behavior modification research. It is now typical for the therapist to report what response was measured, the exact circumstances in which it was measured and the percentage agreement on the responses. The assumption has been that the therapist was in fact doing what he thought he was doing. I would say that the same kind of observation procedures ought to be applied to the therapist. I think we will come up with some very interesting questions, and perhaps some surprising answers as well.

Dr. Scheff:

Does that mean, Professor Birnbrauer, that you give some credence to the 'experimenter effects' studies?

Dr. Birnbrauer:

Yes!

Dr. Scheff:

It seems to me there has been a lot of controversy over whether these studies have any validity at all.

Dr. Birnbrauer:

The only controversy I have heard concerns the particular studies that were summarized in *Pygmalion in the Classroom*, the book by Robert Rosenthal and Lenore Jacobson, and the statistical techniques that they used. I think there are a number of other studies in the experimental literature that are not open to these same kinds of criticisms.

Dr. Scheff:

I will elaborate a little bit on what Professor Kessler has said about observation and psychoanalysis. As I said earlier, I feel that the psychoanalysts have done something very important in getting into the inner experiential world. I believe it was Ronald Laing who said in one of his books that, just as we have explored outer space rather extensively in this century, we now have to learn how to explore inner space; the inner world that we have to learn how to explore is the experiential world. Most people are unaware of most of their own inner experience, let alone other people's inner experience. So it seems to me that development, systematization, and validation of the exploration of the inner world is going to be extremely important in the study of human beings.

INTERVENTION STRATEGIES CONFERENCE

This conference was held in October, 1972 in Ann Arbor, Michigan.

Participants were:

Dr. Allan Cott, practicing physician and psychiatrist, New York City, Medical Director, Churchill School for Children with Learning Disabilities, New York, New York.

Dr. LaMar Empey, sociologist, University of Southern California, Los Angeles, California.

Dr. Carl Fenichel, Director, The League School for Severely Disturbed Children, Brooklyn, New York.

Dr. Jeannine Guindon, Director, The New School of Psychoeducation, University of Montreal, Montreal, Quebec.

Dr. Sabin Head, Principal Investigator, The Conceptual Project in Child Variance, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Mr. Peter Marin, former Director of Pacific High School of Los Gatos, California, now a free lance writer.

Dr. K. Daniel O'Leary, clinical psychologist, State University of New York, Stony Brook, New York.

Dr. Humphry Osmond, Director, Bureau of Research in Neurology and Psychiatry, State of New Jersey, Princeton, New Jersey.

Dr. William Rhodes, Director, The Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Dr. Michael Tracy, Associate Professor of Education, The University of Indiana at Bloomington, Bloomington, Indiana.

Dr. Matthew Trippe, Professor of Education, The University of Michigan, Ann Arbor, Michigan.

PROCEEDINGS OF A CONFERENCE ON

INTERVENTION STRATEGIES

October, 1972

Dr. Rhodes:

Members of the panel for this discussion are: Dr. Allan Cott, practicing physician and psychiatrist in New York City and Medical Director of the Churchill School for Children with Learning Disabilities; Dr. LaMar Empey, sociologist at the University of Southern California; Dr. Carl Fenichel, Director of the League School for Severely Disturbed Children; Dr. Jeannine Guindon, Director of the New School of Psycho-education, University of Montreal; Dr. Sabin Head, Principal Investigator of the Conceptual Project in Child Variance, The University of Michigan; Mr. Peter Marin, former Director of Pacific High School of Los Gatos, California, now a free lance writer; Dr. K. Daniel O'Leary, clinical psychologist at the State University of New York at Stony Brook; Dr. Humphry Osmond, Director of the Bureau of Research in Neurology and Psychiatry of the State of New Jersey; Dr. Michael Tracy, Associate Professor of Education at the University of Indiana at Bloomington; and Dr. Matthew Trippe, Professor of Education at The University of Michigan.

I would first like to ask each of you to take a minute to describe what you're doing in your work with disturbed children.

Dr. Osmond:

I'm presently directing the Bureau of Research in Neurology and Psychiatry, a state bureau in New Jersey. My particular interest is schizophrenia and the experiences of people with this illness. My special function has been to turn my experience with schizophrenics into building an environment that is least damaging to them. One assumption that we make is that the major problem with schizophrenics is their lack of perceptual constancy which consequently causes them to perceive an unpredictable world. In the environment we develop for these people, we try to increase predictability by including reassuring cues, rather than vague or ambiguous ones.

Dr. Guindon:

I'm Director of the New School of Psycho-education in the Faculty of Arts and Sciences, University of Montreal. We train psycho-educators to implement reeducation programs for delinquent and emotionally disturbed children. I'm also Director of "Le Centre d'Orientation," a psychological clinic and a training center for postgraduate students in clinical psychology and psychotherapy.

Dr. Cott:

I'm a practicing physician and psychiatrist in New York City. I treat children who suffer from severe behavior disorders, communication problems, and learning disabilities. I'm also the Medical Director of the Churchill School for Children with Learning Disabilities in New York City. I use, in addition to special education techniques, techniques involving the application of the orthomolecular principles. Basically, we try to create the optimum molecular environment in the child's brain by giving him the optimum concentration of those substances which are normally present in the body. This is a biochemical approach and does not utilize any substance that is not normally present in the body. We also establish a proper dietary regime for the child and then supplement this with certain vitamins and minerals in large doses to establish sufficiency.

In addition, I try to educate the parents about the prenatal, perinatal, and postnatal difficulties that can develop and impair the child's genetic potential.

Dr. Empey:

I'm a sociologist at the University of Southern California. My main concern in the last ten years is the design and conduct of experiments for delinquent boys who would otherwise be incarcerated. All the children we've worked with have been repeat offenders in the fifteen to eighteen year age bracket. Our idea was to find some alternative within the community in lieu of incarceration. In our experiments, the experimental groups stayed in the community and the control groups were placed in the institution. Our programs have been based on two or three assumptions. The first is that the boys we work with have been poor achievers in their communities, especially in the schools. The second assumption is that these kids have been subjected to a great deal of strain and alienation. One way for the delinquent to deal with this strain is to 'go it alone,' but the likelihood of psychological damage in this case is great. The method which we feel most delinquents choose to alleviate stress is identification with their peers: other delinquents in similar circumstances.

The third assumption is that this peer identification and the norms that they adopt become a sustaining influence, and guide the delinquent. Therefore, the program we designed was for changing these group norms from favoring delinquency and antisocial conduct to favoring prosocial conduct.

In order to implement that change, we conduct daily group sessions in which the boys try to define basic problems and find solutions for them. Another basic focus of our intervention is an endeavor to change the community in some way and make it possible for these kids to reenter the institutions of society. For most of our delinquents, the only institution open to them is school. In one case, we tried a work program and the kids worked every day for the city. In the other case, we had the kids reenter the schools and tried to get the schools to make enough adjustments to accept them.

In all of our experiments, we were far more successful getting the kids themselves to make changes and adjustments than we were in trying to get the community to help them make any changes.

Dr. O'Leary:

I'm a clinical psychologist at the State University of New York at Stony Brook and I have two major roles there. One is Director of the Laboratory School for young children with emotional and behavioral problems, and the other is Coordinator of the Child Psychological Clinic. In the Psychological Clinic, we are involved in a clinic outcome study using isolated techniques that have been fairly well validated and combining these factors into treatment programs. We'll then evaluate them as a total. In the Lab School, we are evaluating different incentive programs. One of our major concerns along these lines is the maintenance of behavioral changes over time. We're now heavily involved in the teaching of self-management skills to elementary school children. By that I mean teaching them to evaluate their own behavior, either in the classroom or at home. We're trying to look at the differences in behavior which result if the teacher sets the standards, as opposed to situations where the child sets the standards. We're also looking at the effects of self-reinforcement, where the child reinforces himself, with only intermittent checking from the teacher. We're comparing the effects of self-reinforcement to the effects of teacher reinforcement.

Dr. Fenichel:

I'm the Founder and Director of the League School for Severely Disturbed Children. I think ours was the first day school established for mentally sick children, six to eighteen years of age, who were believed to be helplessly uneducable and untreatable and who usually ended up in state hospitals. I think we have demonstrated that most of these mentally and emotionally disordered children can be helped by using education as the chief therapeutic tool. We have short-range and long-range goals for each child. Each program is highly individualized to meet the needs of the child, taking into account his specific strengths and deficits. Some of our children go on to regular schools and even to college; others we prepare for special classes in the public schools. We also have some children that we know will never be able to make it academically, yet the majority of them don't need institutionalization. These children are given prevocational training programs.

Then we have our failures. Whenever we work with kids as sick as ours, we know there are going to be some failures. But even with the sickest of these children we feel we have a mission. Children that we know will end up in institutions are trained to be self-managing: able to toilet themselves, feed themselves, and dress themselves. We consider this to be as much of an achievement with some of our children as getting others into high school or college.

Our Home Training Program, originally supported as a research project by the National Institute of Mental Health and now an integral part of our school's program, serves very young, three to seven year old, severely disturbed children who have been wasting away on waiting lists during the most formative years of their lives. It is essentially a parent education program, based on our conviction that parents are our most effective allies in joint efforts to improve their child's functioning. The mother brings her child to school one hour a week and watches a teacher work individually with the child. Each child has a special program based on a clinical and educational assessment of his developmental age, learning deficits and strengths. Through her first-hand observations of the training and educational techniques used by the teacher, followed by discussions with the teachers, program director, social worker and other parents, the mother learns how to cope with many of the problems of living with her handicapped child. The effectiveness of the program depends on our communicating to the parent our understanding of the child's problems and the mother's ability to follow the various educational strategies we propose to foster growth in her child. Thus, each child's home becomes a schoolhouse and each mother, a teacher, who helps her child gain the skills and habits needed for personal growth, family living and eventual schooling.

Mr. Marin:

My presence is somewhat a mystery. Though I've taught and run a school and sometimes work as a therapist, my own concern right now is not so much with children nor with education. I am concerned with what I would call experience, by which I mean the day-to-day reality beneath our theories and ideas. I suppose I'm here to remind everyone of the various human qualities and characteristics that they might be forgetting. My primary concern is with the depth and width of any therapeutic model and how much of human experience and human possibility it acknowledges, embraces. One of the first things I learned while dealing with adolescents was that almost everything I had read and heard about them was sheer nonsense. The language with which they were described, the way their experiences were divided up and dealt with, had nothing at all to do with the facticity of their existence. And maybe there should be people who act as overseers of language to remind theorists to remain true to experience. So I'm here to represent the reality principle and to remind you of it whenever you deviate from it.

Dr. O'Leary:

I think we're all aware that there are value judgments we must make when we're intervening, but instead of discussing whether what we're doing is legitimate, I'd rather discuss the types of problems we deal with.

Dr. Trippe:

Perhaps we could discuss the kinds of problems we deal with and the interventions we use.

Dr. Cott:

As I said before, I deal with severely disturbed children who cannot be contained in a regular classroom, also children who may not be as severely disturbed but who may have language problems, and also hyperactive children who suffer from learning disabilities but without the types of behavior we see in the severely disturbed children. When I first began working with severely disturbed children and I began giving them vitamins and minerals, I found that not only their hyperactivity subsided, but they also showed a willingness and an ability to learn. They developed an ability to concentrate and their attention span lengthened. Later, I applied these orthomolecular techniques to children with only learning disabilities. We achieved very good results with these children.

I believe very strongly in a multi-approach to treating children. Frequently a parent is given a choice of one or two techniques without the benefit of the biochemical approach. From my experience with disturbed children, the biochemical approach is of the greatest value.

Dr. Fenichel:
You mentioned that severely disturbed children suffer from hyperactivity. We have many children who are hyperactive--lethargic and listless.

Dr. Cott:
I think they are definitely in the minority.

Dr. Fenichel:
We also have kids who swing from being very quiet to being extremely hyperactive.

Dr. Cott:
Yes, hyperactivity can be episodic.

Dr. Fenichel:
Sometimes a child is no more hyperactive than a normal child, but what he does is far less purposeful, so his activity appears to be more hyperactive.

Dr. Cott:
I'm talking about the child whose behavior is completely destructive, not constructive at all.

Dr. Empey:
Could you explain what these kids do, what they're into?

Dr. Cott:

These kids seem to be driven by an inner tornado. Everything they can move, they do--sometimes breaking things as they go. This is different from the normal child who may go from one activity to another, but without destroying things.

Mr. Marin:

This is a crucial point because the schools seem to be labeling more and more kids as hyperactive. There are some people who can deal with a great deal of activity among children before they feel it's hyperactive, and some who can't. So it's all interpretive, and if we err, it's in the direction of diagnosing too many kids as hyperactive.

Dr. Cott:

Yes, I deplore the fact that many schools diagnose children as hyperactive just so they can give them ritalin or some other drug to calm them down. The child I'm describing, however, is one whose hyperactivity precludes his ability to learn.

Dr. Fenichel:

Dr. Cott, I don't know if you've had children who were able to learn just by being on the megavitamin treatment, but it seems to me to get these children to learn you must have a meaningful educational program and use medication as an adjunct.

Dr. Cott:

Of course, I'm by no means implying that any approach is the total approach. The biochemical approach is just one important facet which I feel has been overlooked.

Dr. Fenichel:

But don't these children react in different ways to the medication? The biochemical field is no more precise than the special education field.

Dr. Cott:

Yes, because the research hasn't been done. We all lean on empirical evidence that our methods are helping some children. If we could overlap and not keep such rigid guidelines, I think the children could be helped more.

Dr. Trippe:

Getting back to hyperactivity, Allan, do you feel your intervention is the most pertinent to treating hyperactivity in children?

Dr. Cott:

No, of course not, but the symptom of hyperactivity is indicative of serious emotional disturbance.

Mr. Marin:

Hyperactivity is also the symptom that stands out most in a classroom or at home. What I'm suggesting is that hyperactivity may not be the most prevalent problem, but it is the one people react to most prevalently.

Dr. Cott:

It is a symptom of a widespread disorder because such a child does not develop his cognitive functions the way a normal child does.

Dr. Fenichel:

Many of these kids are really more disturbing than disturbed. They disturb parents, teachers, etc. So they are the ones who bring more attention to themselves than the quiet, withdrawn ones who may be more disturbed.

Mr. Marin:

The fact is that in schools today the teachers don't worry so much about the kids who don't learn, but they get very upset about the kids who are disruptive.

Dr. Fenichel:

Many teachers take a child's hyperactivity personally, as defiance of their authority. In our school, we've found that with many of our kids, once they develop language and learn to focus a little on the world around them, much, or even all of their hyperactivity subsides without the biochemical intervention you speak of.

Mr. Marin:

But no one takes measurements of these kids to know if biochemical changes have taken place.

Dr. Cott:

An experiment of this kind was done in England by Dr. H. Roberts. He measured the amount of tryptophan excreted in the urine of disturbed children. Tryptophan is converted to use in the body by vitamin B-6, so Dr. Roberts gave these children massive doses of B-6. The children who didn't have language before treatment began to say words, and the ones with language were forming sentences. All along, the tryptophan level in the urine was measured and as it dropped, the children learned. And, of course, their behavior improved greatly.

Dr. Osmond:

Regarding hyperactivity, it's the inconsistency of perception that really stands out. Many kids who have been given megavitamin treatments greatly improve. In one study, it was found that among people with inconsistent dietary patterns, their perceptions were also distorted.

Dr. Fenichel:

There is a basic difference between children who develop disturbed behavior in early childhood and adults or adolescents who develop disturbed behavior. Adults and adolescents have had the opportunity to learn language, to socialize and have in many cases, had happy, healthy childhoods. Preschool children with severe emotional disorders have never had these opportunities. To refer to these two groups as suffering from the same disturbance simply isn't true.

Dr. Cott:

I have collected histories of the adolescent schizophrenics I've treated and I've found that most of them exhibited symptoms of disturbance long before they reached adolescence.

Dr. Empey:

What are the symptoms?

Dr. Cott:

As infants, these children exhibit a different cry or a different crying pattern from normal infants. They frequently have a disturbed sleep pattern. They may bypass the crawling or creeping stage of development and walk and run abnormally early. Trying to hold these children is, as Bernard Rimland says, like trying to cuddle a sawhorse. You simply can't hold them to your body. These children are frequently described as slow learners in school.

Dr. Rhodes:

Allan, what group of children are you using this symptomatology to define?

Dr. Cott:

The children I work with; the ones with severely disturbed behavior, lack of communication, and learning disabilities.

Dr. Rhodes:

What about the adolescents that LaMar Empey works with, the delinquents?

Dr. Cott:

No, this symptomatology doesn't necessarily apply.

Dr. Rhodes:

Perhaps we could try to deal with a wider range of symptoms.

Mr. Marin:

It works both ways. Out of a population of 60, I had four who were diagnosed early in life as having symptoms of disturbance, retardation, etc. It turned out later, when they reached adolescence, that they weren't retarded, but were learning in ways that just weren't apparent to the adults around them. My concern is that these kids would probably have had healthy personalities if they were left alone and not treated and "corrected." We only have models for disease, not for health, and all our therapies are coupled with a fundamentally narrow view of what is "normal." It's a very thin line between delinquency and disease.

Dr. Osmond:

We tend to define "a healthy person" as anyone who is like me, and whoever isn't, is not healthy. Unfortunately, others don't agree with this.

Dr. Cott:

In 1948, Wilhelm Reich set up an infant study program to try to decide what was normal. The project lasted three years and then was dropped without reaching any conclusions. I guess we can't define a "normal" child.

Dr. Guindon:

If you take the model of health as a learning process, and you build it on strengths, and relate it to perception, I think you begin to have some common elements for intervention.

Mr. Marin:

I agree with what you're saying, but adolescents seem to go through an unfolding process. I've seen kids huddle up and withdraw for six to eight months. God knows what they're doing but at the end of that time they really take off. I've never seen anything in any of the literature about the phases that adolescents seem to go through.

Dr. Fenichel:

Have you done any follow-up on these very young children, two to five years of age, after they've come out of this withdrawal?

Mr. Marin:

Yes, but it's very difficult to relate anything that happened to these kids in adolescence with what they're like later in their lives. Some kids who took acid more than 300 times are now completely enmeshed in academic institutions and are seemingly just as well adjusted as anyone else.

Dr. Guindon:

My impression, from what Peter was saying is that his model is static and deterministic. My feeling is that a model must be an open system. It must be open and able to change, but keeping common elements in response to feedback from the field. This is also a model.

Dr. Fenichel:

I can't stress that often enough. Our point of view is that a good teacher works with his children through constant feedback: teaching, testing, and learning. If a teacher does this, he gains far more understanding of a child's strengths and deficits. He also learns which methods fail and which succeed with each child. I think the secret of any good program is not having just one model, but being able to revise a program that is not effective.

Mr. Marin:

I have no argument with that. The paradox is that it's easier to find flexible models of health for "lost" children, delinquents, or retarded kids than it is for healthy kids. The really imaginative models of development are used only with the "lost" children, the kids who have been written off because they are too disturbed or delinquent to be dealt with in the standard ways.

Dr. Fenichel:

I'll admit that the Montessori school has preconceived notions...

Mr. Marin:

There is no formal educational system for "healthy" children that is not just as narrow and rigid as the Montessori model. You, Carl, are far freer in your field than those in the field of general education.

Dr. Fenichel:

Fortunately, most children learn no matter what model is used, and most of them will learn regardless of how good or bad the teacher is.

Dr. Guindon:

Yes, I think that's true. I also believe that a model has to be built on strengths, not on what is lacking in the child. It's obviously much easier to concentrate on what's lacking, but frequently what's lacking will give counter indications on how to intervene.

Mr. Marin:

In the predominant model of human nature in education, some strengths are recognized but others which are crucial to life are not so easily recognized; in fact, they may be treated as weaknesses. Some of these unrecognized strengths are bravery, vitality, and courage. These are frequently treated as behavior difficulties in school systems.

Dr. Guindon:

I could never work in a system so narrow. One can never be creative in an ordinary school system.

Dr. Fenichel:

I've worked in a public school system for many years, and when the door of the classroom is closed, I ran the class my own way.

Dr. Guindon:

Yes, but you operated apart from the system. You ran it your own way in spite of the administration. I don't think you can be creative in the public school system if you abide by the rules; but if you just take the objectives and do what you feel is good and effective, then perhaps you can.

Mr. Marin:

The persons I've seen who are good teachers are not necessarily the ones with good models or theories, but are persons who are directly responsive to a wide variety of persons and qualities, the people who genuinely love life. These are not people with a broad model of behavior, but broad, warm, people. The problem is not one of "producing" models to deal with kids, but of finding broad, deeply responsive people to deal with them. I don't know anyone with a system for doing that.

Dr. Osmond:

In the army there are two types of people--the staff and the line. The staff officers are responsible for the general principles of war, but the line officers are the ones responsible for getting the soldiers moving and into combat. The staff officers who just do the teaching are rarely actually involved in fighting. We have the same problem in education and medicine. It's the "staff officers" who do the teaching and it seems that what they're trying to do in medicine is to create good doctors at the microscope, not good doctors at the bedside of patients. And we need both kinds. In education, it's the "staff" who do the writing, not the "line." The teachers don't spend that much time thinking about intellectual problems in teaching; they're teaching because it's something they enjoy doing.

Mr. Marin:
Let me raise a question then--if you could find someone to work in the program you've discussed--what would that person be like?

Dr. Fenichel:
I don't think there's any one particular type or mold of personality that makes a gifted, sensitive teacher.

Mr. Marin:
What characteristics would you look for?

Dr. Fenichel:
The characteristics, too, will vary. I hesitate to name them, but general traits needed by a person to work with the handicapped include spontaneity, sensitivity, feeling comfortable with deviant behavior, a flexibility to change things when techniques aren't working. I think a teacher working with disturbed kids has to feel comfortable with failure as well as with success. I can tell intuitively whether a person has what it takes, but it's difficult to define.

Dr. Osmond:
May I ask the other side of the coin: What about the people you wouldn't select?

Dr. Fenichel:

Some people attracted to this field see themselves as miracle workers and have fantasies of rescuing these children from the dark despair of mental illness. This can create all kinds of difficulties with children and staff.

Dr. Empey:

From what I've heard, it seems you can't apply the theories we use on an *ad hoc* basis and there's no criteria for the people who are best for working with these different populations. Is that right?

Group:

No.

Dr. Empey:

You've said that you improvise continually, doing whatever is appropriate at the time and that you can't define the people who can do this best.

Dr. Fenichel:

Some people are very well organized but rigid. They stick to one model whether it works or not. You need to be resilient, and recognize that different children have different problems and needs. There are some professionals who feel very comfortable with acting out, aggressive kids, and others who are most comfortable with withdrawn, nonverbal kids. Then there are some who can work effectively with every type of pathology and problem.

Dr. Empey:

The characteristics I look for depend on the setting and the population of the kids. I first have to determine the criteria that were used to define the kid as delinquent. The statutes nowadays make it possible to define any kid as delinquent.

Really, today with all the laws, delinquency is universal; the really deviant kid is the one who is not delinquent. Now, what I would do with this global population involves a set of issues. If the delinquent I'm dealing with is defined as a kid who has committed criminal acts several times, then this is a different issue requiring a different set of strategies and theories for intervention. I see a need to define first what type of population we're dealing with, then what strategies and what type of person is best to work with these kids.

Dr. O'Leary:

I agree with that, LaMar, and I believe in the utility of models. Behavior modification is very helpful with the population I deal with. This population is comprised of the disruptive children who may be able to enter a regular school, but are then pushed into special classes, or just pushed out.

We need to emphasize how to combine models and how to use different models in isolation when we encounter a new technique. Take, for example, the biochemical approach. There will be people who will grasp at this intervention as a new means of dealing with children. Perhaps if you, Allan, could state research to support this method, since validity is always a critical issue with new theories, then perhaps people wouldn't be so inclined to feel as if they were grasping at straws.

Dr. Cott:

I don't mean to suggest that my method is the only one that parents should adopt, but I do believe that it enhances other forms of treatment. As far as validating my approach, there has really been little research done at present. A study sponsored by the National Association for Retarded Children is under way now to check as many variables as possible, but to date there is no real data. Most of the evidence for my approach is empirical. This approach has been grabbed by parents, however, without medical counsel, and with some success.

Dr. Osmond:

This is really not a new technique. It was first used in 1951 by myself and my colleagues in a study in psychiatry.

Dr. Cott:

Yes, and I began using this form of intervention with children in 1966.

Dr. Osmond:

We know quite a lot about the use of the megavitamin treatment with adults, but it's quite a different matter to set up studies with children. It's much more difficult.

Dr. Cott:

Vitamins are only one factor in the orthomolecular approach; we also use the nutritional approach. When an "offending" food is removed from the diet of disturbed, schizophrenic children, the disturbance ends far sooner than for the children in the control group. In the animal studies that have been done, the learning ability of rats increased with the addition of vitamin B-12. A group of children in another study were treated with a dietary approach and dramatic results were achieved in only a few weeks. These are common findings. In 1954, research was done with infants who suffered from convulsions. These convulsions couldn't be controlled with the usual treatment, so a vitamin and nutritional program was adopted for them. It was found that with many of these children their convulsions could be controlled in this way. This supports Dr. Rosenberg's theory that some people have vitamin dependencies and need more of that particular vitamin or mineral than normal people. There are some genetic vitamin dependency disorders which we can identify. One of these is a skin disorder along with a schizophrenic-like state which is actually a niacinamide dependency.

Dr. O'Leary:

I think there is a great ethical and moral risk involved in letting people see this approach as one for making people completely well, especially if they feel it is a result of the chemical treatment alone. There are certainly other means of teaching language skills that are effective. This is not to disparage your method as an adjunct, but I think it should be emphasized to parents to be wary of using one or another form of treatment in isolation.

Mr. Marin:

I think parents should also be wary of putting their children through the severe stresses of the changed environment and controls of behavior modification, when the kid's difficulties may not be his relationship to the environment, but may be organic. It's hard for me to see how vitamin therapy does any harm, but it's easy to see how other therapies can do harm. They may treat an organic difficulty with measures that are extreme and should only be used as a last resort. Vitamins don't seem like a last resort to me; behavior modification does. The use of behavior modification techniques can be, for some children, extreme and also destructive to other aspects of their personalities.

Dr. O'Leary:

Can you give me some examples of how you feel it's destructive?

Mr. Marin:

When you talk about hyperactive and disruptive kids, you're in dangerous territory. Many kids are defined carelessly in schools as being disruptive; they may not be hyperactive, but they're definitely disruptive. This is where I feel it's very definitely an ethical issue--to what extent do you want to modify their behavior so they are no longer disruptive? I have a weakness, I guess, for disruptive kids because they have a kind of selfishness I admire; they lead their own lives in spite of adults.

Dr. O'Leary:

There really is no evidence to suggest that there are deleterious effects using behavior modification with such children. In contrast to the myth about behavior modification changing personalities, one doesn't see the extreme amount of control which would result in changing the child into a different person. This simply doesn't happen. We try to give the child a repertoire of skills and behaviors so that if he would like to behave in a controlled manner, he could do so. The kids I work with, when they first come to me, don't have that option. If I asked them to role play in a controlled manner of behavior, they couldn't do it.

Mr. Marin:

That's not the issue I'm raising. The fact is, a disruptive child may need another environment. You're making a choice now by not providing him with the environment that he may need and instead adjusting him to the environment that he doesn't need. Some parents make the choice of providing the child with the environment that meets his needs, but the other choice is very serious. I won't argue with you about what you do after parents make this choice, but I think more and more parents are being urged to make the choice of adjusting their children to the environment.

There are fewer adults who are willing to take the responsibility of providing an environment that meets the kid's needs. That's what I mean about the institutionalization of experience; legitimate experience seems to be only that which is acceptable to public institutions.

Dr. Empey:

I'd quarrel with you on this issue in one sense. If it comes to making that decision, providing him with another environment, you may be denying the kid a lot when you deny him the opportunity to see if he can't learn from his behavior as it relates to others. There can be modification on both sides, the kid's behavior and the environment.

Mr. Marin:

The organism makes the choice. In the case of the disruptive child, the choice has already been made, evidenced by his behavior.

Dr. O'Leary:

The child may not have made that choice.

Mr. Marin:

But he may have. Nothing about behavior modification leads me to believe that anyone wants to find out whether the kid, in fact, has made a choice.

Dr. O'Leary:

In some cases he may not have made the choice because he doesn't have any alternative behavior.

Mr. Marin:

That's true in some cases, but in some cases the kid has made a choice.

Dr. Fenichel:

Aren't there some instances where a disruptive child is really crying out for help?

Mr. Marin:

I have rarely seen that. We're talking about the kid who is disruptive in the classroom, not the hyperactive kid. The kid who talks to his neighbor in school is not a child crying out for help. But if you take a rich social atmosphere, and the kid says he doesn't like it and begins acting out, then maybe, but only maybe, he's crying out for help.

Dr. Head:

There seem to be two views here, either the kid has controlled behavior in his repertoire or he doesn't. Peter has just hit on a key point--we don't know.

Mr. Marin:

I'm suggesting that before you get to behavior modification, you put the kid in another environment and see.

Dr. Head:

Are you suggesting social cooperation within a given environment?

Mr. Marin:

No, that would be unfair. To require social cooperation from all persons in the same environment is to require too much. None of my adult friends can operate very well in all environs, and only few can in a classroom. Yet we require of children what we would never dream of doing ourselves.

Dr. Guindon:

I'm going to add another thing about behavior modification. It can be used to learn skills, but what I'm very much afraid of is that it puts the motivation outside the child. When you put this motivation outside, you have a hard time placing motivation inside. I'm more interested in internal motivation, setting up an environment that appeals to the internal motivation of the child so that he will be motivated and not try to give him skills first and then try to motivate him.

Dr. Empey:

Why dichotomize? Isn't all motivation an interactional phenomenon? For example, yesterday while I was sitting in front of those cameras, I desperately wanted to know how I was doing. Was anyone interested? Would anyone really watch this stuff? I was concerned from within, but I wanted some tokens from without.

Mr. Marin:

No, no, no, don't call it tokens, say what it was that you really wanted, what kind of reward. If they had given you tokens yesterday, you wouldn't have liked it.

Dr. Empey:

If they had given me one hundred bucks I would have felt pretty good about it.

Mr. Marin:

That's not tokens. You may have wanted money, you may have wanted love, or an embrace, but not tokens!

Dr. O'Leary:

But LaMar said he would have taken it.

Mr. Marin:

But that's not tokens. To call all those things "tokens" is a terrible diminishing of the world.

Dr. Empey:

You're oversimplifying.

Mr. Marin:

Calling them tokens is oversimplifying.

Dr. Empey:

My point is that I find it very difficult to say that we should only be concerned with internal motivation. Whenever we have a kid we think we should let go, we always discuss it among ourselves and with the kids. One kid, who had a troubled history, made good progress and his behavior changes were observable. When we talked to the group and tried to evaluate his behavior and motivation, the other kids said he was just trying to con us. My argument is that his interactional patterns with others and the world tell us far more than discussions about why he's doing it. Who doesn't do things for what he can get out of it?

Mr. Marin:

That's not the issue I'm raising. You can be very precise about what you want, the needs which you want fulfilled from the outside world. When I was at Goddard College, they asked me what I wanted most from persons. I said, "A sense of humor and I want to be loved." They said, "You want positive feedback." I didn't want positive feedback, I didn't want tokens, I wanted something very precise, and when you call those precise things tokens and replace them with tokens, then something is changed.

Dr. Empey:

You're still oversimplifying.

Dr. O'Leary:

You've raised some good points, Peter, and some people in the behavior modification field are beginning to address them. An article written by Winett and Winkler titled, "Behavior Modification in the Classroom: Be Still, Be Quiet, Be Docile," discusses the use of behavior modification to mold children into a routine. But in a classroom for seriously disruptive children who can't manage in any other setting, a token reinforcement plan is a bridge-gap for the needs of these kids that can't be met by the teacher. The teachers, for instance, can't give affection all the times that it's needed, but he can place a star on the child's desk as reinforcement.

Mr. Marin:

But can't you see that you're getting the kid to accept a star instead of affection!

Dr. O'Leary:

Even in a class of five severely disruptive kids, the teacher can't...

Mr. Marin:

But the classroom is so arranged that there can't be any peer group rewards. The only way to get a reward is from the teacher and he can't meet the real human needs of children, and so we create an artificial reward. Instead, why can't we create an environment where there are enough persons free to reward one another so the requirement for tokens is diminished?

Dr. Osmond:

It is certainly possible that the design of the classroom has created many of these difficulties. Maybe it's an error in design. For example, the poor design of mental hospitals has created about 80 percent of the problems. The patients wander around looking lost because the place is so disgustingly designed. Predesigning institutions for the people who are in them gets rid of a lot of the weird behavior. This is not a cure, of course, but it certainly helps.

Dr. Empey:

I want to get back to the meaning of tokens. We have to have ways to symbolize appreciation of people and there aren't many ways to do it. The big problem is the lack of cultured symbols for rewarding kids for not being delinquent. Most of our cultural stress is on punishment for deviant behavior. Beyond peer group support, the problem is finding ways to symbolize appreciation in the schools, at home and in the community. Behavior modification is a positive way of reinforcing the good things people do instead of coercive methods generally used for punishment.

Mr. Marin:

We began talking about deficiencies in a person, now we're talking about deficiencies in the community. Behavior modification is, at best, a stopgap measure to get persons to modify their behavior while trying to change the environment. The problem is that a wide range of behavior is not rewarded and large numbers of persons can't be rewarded by the community. And the problem is not going to go away. As the effective community disappears, a person is more rarely rewarded, so it becomes necessary to make him manageable in other ways. The way we choose to do it is to create artificial rewards. Now we've lost the legitimacy of responses and we fall back on artificial things such as money. But we don't have enough money to go around, so some of us get money and some get points. The result, then, is the further corrosion of community. When people work for money or points and don't remember what they really need, or what those other things symbolize, the community disappears and you get people who aren't even capable of putting together a community--unless you give them more money or points.

Dr. O'Leary:

Peter has a relevant point, but behavior modification has helpful short term effects. When a teacher gives token reinforcement to his students, it will only succeed, in the long run, if the teacher is made aware of how he can use his praise and affection to motivate the child. The tokens will prompt the children to learn, but in the long run, the moment to moment, teacher to child interaction is critical. His behavior will prompt the children to learn. Regarding your point, LaMar, about the larger environment, unless this environment is altered, any behavior changes that are achieved won't be maintained. We can give skills, but unless we can change the environment, there will be no real change in the long run.

Dr. Empey:

Behavior modification fits nicely into the transitional evolution of some new cultural methods for replacing some that have been lost. I think it's better for the teacher to be conscious of the need for an immediate reward, even if it's tokens to symbolize certain kinds of achievement, than to have students wait for grades at the end of the term.

Dr. Fenichel:

Some children need an immediate reward; others can wait. One of the horrible things, to me, about behavior modification is the fantastic claims made for it. Teachers begin to think that their main job is token dispensing.

Dr. Guindon:

As teacher trainers, we started twenty years ago using tokens. Within the last ten years, however, we've changed our focus to the internal motivation of the child. It's much easier to start with tokens, but once you have, it's a very difficult crutch to take away.

Dr. Trippe:

You have reservations about using behavior modification as a crutch, Jeannine?

Dr. Guindon:

Yes, because if you start that way you can't easily change to another focus. Behavior modification may be effective, but it's not educative.

Dr. Empey:

Can you operationalize the internal motivation you're trying to capture?

Dr. Guindon:

If a severely delinquent boy comes into our clinic and was never very active in sports, we feel he needs to get involved in active sports. We might, in this case, use football as an appeal. Here we create a situation where the boy gets a reward out of being active--catching the ball. We throw the ball so the boy can catch it, he doesn't get a reward for just being active, but for being able to adequately measure space and time so he can catch the ball. In this way, the boy is on the way towards autonomy. This wouldn't happen, however, if he was given tokens for catching the ball.

Once the tokens stop, the behavior stops. But if we never start the tokens, then it's only the activity that he's interested in and he'll be more motivated that way. To me, in life, that's the kind of motivation one needs to get.

Dr. Fenichel:

This is particularly true with children who have experienced nothing but the bitter taste of failure. Getting them to achieve success may lead to greater satisfaction than any other reward.

Dr. Head:

I think we are assuming something about behavior modification that I haven't seen before: that the token system is not merely symbolic, and that it's supposed to be permanent.

Dr. O'Leary:

Token systems are certainly not intended to be permanent in many settings. There are many persons in the field who use token programs initially to motivate children, and they later phase out the token program and emphasize natural rewards such as praise, affection and grades. I would like to emphasize here, however, that behavior modification is not synonymous with token programs. Many investigators are looking at behaviors in small units such as teacher-child or parent-child interactions and attempting to determine how other dyadic reinforcement patterns operate.

Dr. Guindon:

But there's always the underlying goal of achievement. In fact, it's not the achievement, but how the individual copes with situations, how he actualizes himself.

When LaMar spoke of delinquents, I was thinking that, for me, its important to actualize the strengths in a person, but not according to the external culture. I don't diagnose a person delinquent because he has acted out against the law, because those are social norms. I feel a delinquent is one who won't bother with time, or space, or the life plan of others. He is acting out completely the way he pleases with no reality principle. This person would be delinquent in any environment.

Dr. Empey:

With regard to delinquency and the interventions that have any effect on these kids, there are three things we learned from our experiments. In comparison with a control group, first we found that regular probation had little effect on the recidivism rate; second, our experimental program had only slightly positive effects; and third, incarceration increased delinquency. So really, what we found was that these kids would be better off left alone. It isn't even so much what the kid is like, but his interaction with his environment that's important.

Mr. Marin:

If you watch the court system, you'll see how kids get termed delinquent. The middle class kids, whose parents show up in court with them, are almost always excused, but the Black kids, whose parents aren't with them, are almost never excused. Whether a child is termed delinquent depends on social class.

Dr. Empey:

I think this is slowly changing, though. But regarding intervention strategies with these kids--what would happen if the system was analyzed more instead of the kids? In some ways, that's what's happening in criminology today. For example, if we removed the laws against the "victimless" crimes, we would "prevent" three million cases of delinquency. This doesn't mean we'd be doing anything to anyone's head, we'd just change the rules. And this same analogy could be applied to other areas as well, such as the schools.

Dr. Rhodes:

Yes, probably 75 percent of mental retardation could be "cured" if we redefined retardation.

Dr. Fenichel:

It really is a question of defining "educability." The effectiveness of the teacher, the curriculum and the teacher-child ratio are crucial factors in determining a child's ability to learn. A child may not be educable if he must share his teacher with fifteen to twenty other children, but may succeed in a classroom that has one teacher for three to five children.

Dr. Osmond:

It comes back to the notion that the modern classroom is a peculiar thing. The old method was always small classes, for example, the little red school house. In that case, the teacher taught the oldest kids and in turn, the older ones taught the younger kids. This has two benefits. First of all, the kids enjoy it, both the younger ones and the older ones; and secondly, the older ones get a feeling of self-esteem from being "teachers." But now, in our present school system, the kids have been consolidated and grouped by age. The classroom is run somewhat like a platoon. The kids are seated in straight rows, facing front, and the teacher's power is greatly reduced for those who are seated towards the back. Many children choose those seats further back because that makes possible a cooperative activity that teachers generally refer to as cheating. But cooperating, sharing work, and talking over what's being done is considered valuable by the kids. The way it's set up, though, each kid is in opposition to every other kid and opposed to the teacher as well.

Mr. Marin:

The school system really hasn't changed in 70 years. In fact, there has been little evolution since the late nineteenth century. Everyone involved in teaching seems to be resistant to change because they don't know how to go about it. Every two years or so a new method sweeps the system. The teachers go along with it and adopt the language because they know that pretty soon it will go its way and be replaced by some other "new" system. When I was doing therapy work with teachers, I was really surprised to find, after the teachers began talking a little, that many of them use the classroom as a means for revenge. They also want to be in a position of power and to have control. Teachers almost always have a deep, psychological investment in the system and their model of human nature, at heart, is far too often simply that people are savages if they're uncontrolled. This is a very deeply rooted notion in many teachers and there's really no way to get rid of it.

Dr. Fenichel:

I agree with what you've said, Peter, but when the therapist or psychologist goes into the classroom he usually works with the children on a one-to-one basis. But he forgets that the teacher has to interact and work with perhaps forty kids and it's a little more difficult to achieve the same results.

Mr. Marin:

There are two things that go against the teacher. First of all, there's a lot of pressure on him to maintain control; and secondly, even when he does have freedom, he may not want to use it because it's so exhausting. He also may not use it because, deep down, he really feels that kids shouldn't have that kind of freedom, and control is the way things ought to be.

Dr. Empey:

It's not just a question of opening up the schools and giving people license to do as they please, because that kind of situation only results in chaos. It's really a question of what kind of social organization we need and what are our expectations about how people should behave. When everything goes, it's always chaotic. The rational approach is to build normative environments which are not coercive but allow for, and produce, cooperation.

Mr. Marin:

That's my point. Chaos isn't often healthy for kids or adults. Look at it from an aesthetic point of view, the history of forms. There's always a breaking down of the old form followed by a period of chaos from which the new form arises. This is true in the arts as well as in institutions. The problem with any change in the schools is that the chaos is certainly not good for anyone, yet it's difficult to imagine any effective change taking place without the chaos.

All of us, as adults, come out of the old forms, and we decide the schools need changing, so we set up new forms. But the forms we envision and implement are the ones we should have had years ago when we were in school, and they are already outmoded for contemporary kids. But finding new and really appropriate forms is a major task. The free schools that have been set up to try it have all gone through chaotic changes. Many of them have simply collapsed, some have become chaotic and stayed that way, and a very few have come out of the chaos and developed new forms and systems. But none of those schools were able to avoid that chaotic stage.

Dr. Guindon:

I agree with what you said earlier, LaMar, about the interaction between an individual and the world. We need, in Erikson's words, a whole world to be whole in. And your point, Peter, about the chaos that always results from change, is exactly why no one will try to change. I think you have to start with structure at first, however, but not a coercive structure. If a norm of behavior is accepted by the group, it's not coercive, but is seen as a way of life.

Dr. Fenichel:

Aren't there some limits, boundaries, or taboos that one must impose on the kids, whether they're ready for them or not?

Dr. Guindon:

Yes, of course, there's structure from the outside at first. I believe you have to make the kids live an experience where they don't feel at odds with the external world. If, from the start, they are at odds with the world, they never know the experience of being in harmony with the world. When they are constantly in opposition to the world, they can't learn. We all learn through experience, and we need different experiences, but the structure has to change in accordance with our new knowledge and new coping skill.

The learning process really takes place in stages. I have trouble relating to many social norms, but you can't restructure the whole society. At the end of the intervention program at our treatment center, the delinquents aren't asking anything from society. They realize that they must integrate their experiences and organize conditions, so that they can live in an autonomous way by structuring their own lives. It's very difficult to change society, in fact, we can't even change small systems very well.

Mr. Marin:

It's difficult to understand how delinquents view social norms and adjust to them because we, as professionals, are masters of social norms. Once when I was speaking to a group of Black delinquents, I told them that I was more opposed to social norms than they were. They told me that maybe that was true, but that I didn't know anything about what it's like to deal with social norms and live outside of them. And that's true too, none of us do. So the problem with a discussion like this is that we are all living in a privileged relationship to social norms. I'm not even sure anymore whether those people who are living outside the norms should adjust or whether they should use their anger and strength to survive. There are certain judgments which I no longer feel capable of making about persons and their relationship to social norms. I can't make judgments for them or in relation to them, because I am privileged.

Dr. Empey:

I have become convinced, after dealing with different populations, that it's the system itself that needs to be changed. The definition we have of delinquency has probably done as much to cause deviance as any other factor in society. We need to change the system's definition of delinquency, as well as the system's programs for dealing with convicted delinquents. We should expect as much change from the institutions as we expect from the kids. I think we need to diagnose systems more than we need to diagnose people.

The programs for delinquent offenders are set apart from the cultural programs. There are a couple reasons for this: one is that society wants offenders separated; and second, the correctional people feel they can do a better job with delinquents if they are separated from the rest of society. There is no study that indicates that this separation treatment is superior to working with the delinquents in the community, but there is evidence that indicates that the reverse is true. Therefore, instead of trying to replicate the community in isolation, we need to alter the community. What we do is take people out of society because they have problems fitting in, but then we don't provide them with any methods of reentry.

Mr. Marin:

We've been talking about programs which are aimed at "changing" deviants. But I think we should be talking instead about a commitment to the dignity of the person. I hear people saying here that they don't want to lock people up but only because of their commitment to the effectiveness of treatment, not because of their commitment to the person. The real and unspoken problem with most therapies is that they usually involve a kind of deep humiliation. One reason for this is that there is no alliance between the helper and the helped, they're not committed to the same goals. I'd be interested to hear from each of you regarding the basic human qualities and freedoms with which you ally yourselves.

Dr. Empey:

I would argue for a form of individual autonomy which maximizes freedom of choice for the individual and minimizes dependency upon others. I'm dismayed by people who become so socialized to an institution that they become convicts, and the only place they can be happy is in an institution where they don't have to make any decisions. They get involved in institutional games. I would rather that these people had help in the community with their struggles. That is the kind of dignity I would like to see. The people I'd lock up are the predators, the ones who prey on others.

Dr. Fenichel:

Disturbed children need different settings at different stages in their lives. What we need is a vast network of services that will meet changing needs. With our school, and I'm sure with many others, children are wasting away or on the waiting list for years. We need some methods of treating these people quickly and appropriately.

Dr. Guindon:

I'm really following the same objectives as you, LaMar, in trying to make the delinquent autonomous. The delinquent really has no choice in his behavior. He's constantly acting out. We need to structure the environment so that he has a choice. If we start in the community, we can't put in the structure necessary for him; but if we're reeducating him, we need to have a special environment which can be structured.

Dr. Empey:

You're saying we need institutions?

Dr. Guindon:

Yes, but not the traditional institutions. The reeducation process is really a learning process, and you must have conditions in which learning can take place. As soon as the delinquent begins to gain some autonomy, the program must change.

Mr. Marin:

I think that's too simple. Given the way the law defines delinquency, you assume the kid hasn't begun to make any choices and therefore you must teach him to make them. But he has already made a choice. It's more honest to say he's made a choice we don't like, so we're going to lock him up or change him because of it.

Dr. Guindon:

But is he free to do the opposite?

Mr. Marin:

I'm suggesting that one may have to define freedom so that a person is free even to be criminal. Criminality is not an absence of choice, but simply a controversial choice. We don't lock people up because they aren't autonomous, but because they break the law.

Dr. Empey:

Jeannine, what evidence is there that institutions are useful? I don't know of any that aren't coercive--treatment oriented or not. There is no evidence to suggest that we, the captors, can change our relationship to the captives so that we aren't captors and they aren't captives. It's not an open system where they can move from inmate to staff; it's a caste system. The big problem with institutions is that it is so difficult to alter this caste relationship. So my search is for a normative system built on the sharing of definitions, and with control exercised by both authority and peers. Such a system would gain credibility for the person being helped. Our task is to build such normative organizations.

Dr. Osmond:

We're not going to get anywhere until we ask the fundamental question about how and why we ever started institutions in the first place. Institutions were originally set up by the benevolent to prevent overstimulation of vulnerable people by the *overwhelming, disintegrating society* of the 1830's. Before that time there was "treatment" for people within the community, such as hanging, stocks, and lashing. This system worked in small communities. As the cities grew, prisons developed. Mental hospitals were originally hospitals for treatment, but basically both hospitals and prisons developed to protect the community. Now we're trying to talk about the benefits of the community for the institution.

The problem is the culture. In the United States, we are always thinking in terms of revising for the future and repudiating the past, which just isn't that easy.

Dr. Empey:

While there's a difference between the way the prison developed and the way the asylum developed, they both demonstrate that we should not equate good intentions with effectiveness. We should have learned this either from the problems of the mentally ill or of the delinquent. Look at the roots of the juvenile court; it was human benevolence that gave the legal power to the police and courts to do what they thought best for the kids they thought were in danger of immorality.

Dr. Osmond:

The problem was that it was thought that a moral institution necessarily developed from some earlier form. Now, you as rational men can reject this folly, but it's not clear to the traditional moral people that the wisdom of their forefathers isn't correct, unless you can make it clear that, over time, wisdom has been corrupted.

Mr. Marin:

We're still doing the same thing. The Head Start program was started after the Detroit riots. You can look at that two ways. One, we decided to give the Blacks what they wanted; or two, which is more likely, we wanted to institutionalize the Blacks more effectively, because if we didn't they could mobilize and rebel. Now, Blacks have been quiet for awhile and the Head Start programs are beginning to fall apart.

The history of the development of schools is the same as that of prisons and asylums. They were started by the middle and upper classes for the lower class kids. They were concerned with the education of these kids, but they were concerned more with their socialization, with controlling them; and because of the history of institutions, one is wise to be suspicious of them.

Dr. Guindon:
I'm not defending institutions, but I'm against the prejudice that they can't help people. Our program centers around the individual; it's not a prison nor is it punitive.

Mr. Marin:
I see it as coercive. Anytime a person is made to be some place he may not want to be, even if you make it as nice as possible, it's still coercive.

Schools assume that there is a coherent society behind them, "out there," and they are effective only to the extent that they adequately reflect society and prepare people to survive in it. But the idea of "adjusting" the people in the U.S. to anything seems impossible, simply because the society is so uneven and incoherent. It's different from place to place and from year to year, so that most persons resort to living by their wits, and the schools don't really try to teach you to do that. Some people look like they fit into things, but how can you train anyone to fit with a world that no one can predict? Or, should you even want to fit people into it? Maybe we should encourage them to rebel.

Dr. Guindon:
The idea is never to adjust a person to society, but to train a person to choose for himself the way he wants to live and the values he wants to live by.

Mr. Marin:

I want to raise another point. Social and psychic structures are so interrelated that one doesn't dissolve without the other dissolving also. What we suffer in ourselves is the world's condition. That is why therapy takes much longer than it ever used to. We can no longer make an orderly structure out of the psyche. Gaining autonomy, which is based on the concept of structure, depends in large part on the order of the world, and now, in a time of incoherence, we lost sight of what it might mean to be whole or sane, or how to get there.

One major problem is simply that of making a choice. The models of reality we use now are really 20 to 25 years behind what is going on now. I think the people who function best these days are the zealots; they can exclude more of reality and narrow their world. When we talk about the delinquents, who have more trouble than most in organizing their world, how narrow do we have to make their reality in order to get them to be able to organize their lives and bebehave in an orderly manner?

Dr. Guindon:

The models I'm talking about are mobile and open. When one makes a value choice it may seem like a narrowing of possibilities. There is a problem when a person refuses to consider change, when the opportunity for change comes. When you choose a value it should be an option, not a restriction on life.

Mr. Marin:

I'm talking about a world where it has become difficult for a person to maintain any kind of deep psychic coherence, and the only values he can choose without doubt are minimal ones. It's becoming increasingly difficult to move coherently in the world and maintain a wide field of interests and values. Let's not pretend otherwise. To what extent do you want coherence at the cost of depth and feelings? How much instability and incoherence are we willing to tolerate in the world in order to get a new synthesis of value?

Dr. Empey:

I'd like to make two points. In the first program we ran, the delinquents remained in the community and came in for daily group sessions. The results were that we had no runaways in five years and only fifteen percent of the kids got in trouble again. In a group home in the community for these kids, we had 37 percent of the kids run away. In the control institution, which was like a prep school, with an attractive setting, a rich education program and counseling, we had a 40 percent run away rate. Why? It was because we were bringing these kids together involuntarily and creating more deviance by the very kinds of programs we were running. If, by contrast, we want to help the individual, we can do that best if he lives in the community where his problems are. Even those who succeed in an institution do so more through adjustment to this atypical situation than to the community.

Dr. Guindon:

LaMar, you never talk about the training of your staff. It's not the laws of the institution that reeducate children; staff training is the most important part of the program. The staff must be involved. The human person is zealous and is not concerned so much with the conditions as long as he is really helping the kids. We have an open interaction with the community in our centers, and we organize the conditions so that members of the community may help.

Dr. Empey:

How long do they live there, in your center?

Dr. Guindon:

About eighteen months. For the first one to three months they are confined; after that they are out for holidays, and later they take responsibility in the community.

Dr. Empey:

In my own studies, we show no correlation between the length of confinement and staying out of trouble.

Dr. Rhodes:

If there's no correlation, it seems there's no point in having a program.

Dr. Empey:

That's what concerns me. We found that probation had virtually no effect on delinquents; intensive community intervention had only a slightly positive effect, and incarceration had a definite negative effect.

Dr. O'Leary:

Montrose Wolfe and his colleagues in Kansas have a program called Achievement Place for delinquent and pre-delinquent boys who live in family style homes with specially trained house parents. The number of boys from the 'institution' that remained in school two semesters after treatment was about ten percent, but about 90 percent of the boys in Achievement Place remained in school. An important factor relating to integrating children into the community is keeping them in school. This foster home program, with a small number of kids, worked better than placing kids in institutions away from the community. But we've been talking in global terms and we need to bring it down to specific populations. I think all of us here are involved in "helping," and that certain people must be taught to adjust.

Dr. Guindon:

What do you mean by adjust?

Dr. O'Leary:

We need some idea of where the child is going, and we then need to provide him with the relevant skills and a means of coping. People in the helping professions are supposed to be helping people to adjust, but the question is what we should help them adjust to. I think that it's a different thing for different populations and the question becomes even harder as we approach the "normal" kids--should we intervene and what should we do when we intervene? I'd like to hear some discussion of values and how we think people will change them in the next ten to twenty years.

Dr. Empey:

I'd like to get off delinquents and talk about other populations.

Dr. Guindon:

When we talk about adjustment, being able to cope with the environment is necessary. Integrated experience results in adaptability to time, space, causality, adaptability, and productivity. A person needs to integrate experience for it to be meaningful.

Dr. Empey:

Jeannine, you spoke of staff training. How do you get abstract concepts into the minds of kids? To me, part of staff training is letting the delinquents help train the staff. I would hope for a system in which both the kids and the staff have input, with the understanding of the two different worlds as a goal. But we have trouble with abstract concepts of adjustment, such as autonomy. The process starts at a more primitive level, like the reality of either making it here, or getting locked up. How do you translate these concepts into a set of communications and structures for the offenders?

Dr. Guindon:

It's a training process for the staff. The trainee needs to be able to meet the living conditions and be in the treatment centers, but not in a position of responsibility. If you put a person in a position of responsibility that he can't assume, he can't learn. This results in stereotype learning. A person needs participation without responsibility at first. The staff is learning through experience and learning to change things on the basis of what works and what doesn't.

Dr. Empey:

How do you decide what works and what doesn't?

Dr. Guindon:

We decide these things in staff sessions.

Dr. Empey:

Are the kids involved in these sessions?

Dr. Guindon:

They are involved in the group sessions and individual interviews to see what is going on. The training process for the staff is the same as the reeducative process for the kids. Trainees must live through different experiences that aren't so stressful that they can't learn. At the end of the program, the trainee is a regular staff member and is then in a position of responsibility. All treatment, whether for delinquents or training professionals, is sequential. Much of the necessity for treating delinquents is produced by the nitwittedness of legislation for the impossible. The United States has more laws than any other country.

Dr. O'Leary:

I question what we actually do with these kids and whether we should deal particularly with delinquents. Take for example, the victimless crimes--are there people in the field who are trying to take a stand by refusing to deal with these people in terms of "helping" them?

Dr. Empey:

Yes, there is pressure to remove many of these laws and there are informal discretionary ways in which the legal system works. It's a discretionary issue as to whether the kid gets processed through the legal system or not. But this can result in a lack of respect for the law.

Dr. O'Leary:

I think that in terms of what we do as a helping group, it would be advantageous for the people in this profession to set their values explicitly. We should say, "this is what we will do, and we'll deal with this child and try to help him, or we won't deal with this child."

Mr. Marin:

The word "help" is beginning to take on a strange surrealist meaning because it covers all these different things. It covers all the different things that are done by each group; institutionalization, jailing, coercing. The professions, in using the word "help" for all these things, are hiding reality. All the things we do here can't be categorized as "help!"

Dr. O'Leary:

But there are many various reasons for making people adjust.

Mr. Marin:

That is not the point. Many of us are in an ambiguous position. We are not entirely allied with the people we are helping. We're obligated to state our position and we do some things that are good for the individual and some that are good for the state. We are involved in maintaining social order which is not the same as "helping."

Dr. O'Leary:

I am questioning what we are trying to do. If we set our values more explicitly, then we wouldn't have to wait through the long process of change in the legal system, nor would we have to depend on the benevolence of the legal officials who occasionally let kids go.

Dr. Trippe:

The problem may be in terms of the helping role and the activities of the people in the helping professions. We need a commitment to review any attempt to legislate morality.

Dr. Osmond:

Sometime ago the bankers in England all united to get the death penalty removed for forgery. Rarely was anyone convicted under this law and that can be destructive to society. When courts are reluctant to prosecute, and supposed treatments aren't working, we should get rid of that law. Furthermore, when a law doesn't work it prevents us from finding new solutions. While few societies will put up with unlimited violence, in many societies there are large numbers of offenses that just aren't worried about.

Dr. Rhodes:

Would you argue for getting these laws off the books?

Dr. Osmond:

We need to question whether we are serious about these things. The United States government, for example, was disinterested in exploring, in advance, the possible problems of drugs, when it could have been predicted that they would become a problem. Instead, the government responded irresponsibly by waiting until the problem arose and then trying to control the problem with lies. This, of course, destroyed credibility. Any sane society would have tried to prevent damage via providing a period of learning with the introduction of any new elements. In this case, a vast number of new criminals were produced.

Dr. Empey:

Could we get to the specific issue? On one hand, there are many grounds for arguing that no one has a right to experiment with or study people in controlled experiments. On the other hand, the consequence of this attitude is that we have no systematic knowledge of what we are doing. I prefer not to let society randomly go its course, but would rather test new alternatives that seem better for people and compare the results to what is going on. Then you can make a choice as to which is better.

Mr. Marin:

Who is the "you" that makes the choice?

Dr. Empey:

Society.

Mr. Marin:

But it is not society that's the "you" who makes the choice. At the moment only one segment of society makes the choice, the segment that holds power.

Dr. Empey:

That's not the issue I'm raising--do we or don't we study people?

Mr. Marin:

But to what end? We should be allying ourselves with the values with which we are in deepest agreement, what we love in the world. We have to set ourselves up not as observers, but as advocates of the population we're working with. It's very important for the people who are entering this profession to know that the fundamental goal is to be allied with the population; they must ally themselves with the population that they are trying to help, and not with that segment of society that is trying to "help" them.

Dr. Empey:

I can ally myself with the delinquents, but what if they continue to be antisocial?

Mr. Marin:

I don't know. But at least then say who you're allied with: with that segment of society which controls people. Make it clear where the alliance is. It's not a question of guilt, but of clarity.

Dr. Trippe:

Isn't that what you do anyway, LaMar?

Dr. Empey:

Yes, I think we all have to work at deciding these things. I don't ally myself with either side all the time. I ally myself with what I think is a reasonable order, where people aren't preying on one another, and where they're trying to understand one another and strive towards a better world.

Dr. Rhodes:

But where does your money come from to do research?

Dr. Empey:

It doesn't come from the "system," but from private sources, so that I can be free to do as I please. But you could also question whether I have a right to experiment. My rationale for that is that there are few delinquents who would prefer to be locked up and I like to help them remain in the community.

Mr. Marin:

I think it's possible to serve one interest with some children, especially those who are deeply disturbed, but it becomes less possible the closer we get to a normal population. It's interesting that with the "lost" children we are given more freedom to deal with them because society has given them up, written them off.

Dr. Fenichel:

I'd like to see more accountability as well as freedom. Institutions will continue to be useless and their treatments outmoded without an ongoing assessment. When middle class therapy techniques are applied to ghetto people, they usually don't work. We have to have constant evaluations of the effectiveness of our programs to determine when and if changes are needed.

Dr. Trippe:

Carl, are you clear as to who your consumers are?

Dr. Fenichel:

Children and parents.

Dr. Trippe:

I would suspect that you get into conflicts sometimes.

Dr. Fenichel:

What conflicts?

Dr. Trippe:

Whose agent are you?

Dr. Fenichel:

We are the agents of parents and children. The interests aren't at odds; our parents are looking for guidance and direction to help their child. Our goal is to help our children grow and develop, and to work closely with our parents as our copartners in furthering their child's development and growth.

Dr. Osmond:

It's easy to decide to intervene when the child is seriously disturbed and is upsetting the family. But when we are dealing with quite normal people with only temperamental incompatibilities and not serious problems, then we easily come to the point of not knowing what to do.

Dr. Trippe:

I'd like to talk a little now about the directions each of you feel the field will take in the next ten years.

Dr. Empey:

Well, there seems to be a polar opposition here between my views and Jeannine's. I feel that the experiment of the future must be located in the school system, because our culture segregates young people and their chance to acquire an identity occurs primarily in the schools among their peers. Therefore, if I were to do something about keeping kids from being isolated, I'd locate the program in the schools where I could set up a normative system with participation and commitment between students and teachers. I wouldn't separate the kids with problems, instead I'd try to find ways to enhance their involvement in the system.

According to the kids, the sociometric system in the schools is something like this: first are the 'pansy asses,' the academically oriented deviants at one end of the spectrum. Second, the "good kids," and third, the "hoods." When I asked the delinquents whom they wished to be identified with, they said either "the good guys" or "the hoods." I would like to build in more interaction and dialogue to reduce these divisions in the school system. I think that perhaps this is opposite to the structure that Jeannine would set up.

Dr. Guindon:

I agree with your goal, but to me, the definition of a delinquent is one who exploits every situation and person.

Dr. Empey:

I don't see them that way.

Dr. Guindon:

I think they have a sixth sense, they know how to manipulate situations and people. I agree with the necessity of the commitment of the people, the staff, and the necessity of creating the appropriate conditions for the kids. The situation needs structuring at first, but if you think you can structure the school system for these kids I'm dealing with, I think you'd find it very difficult. I prefer to set up a transitional situation for these kids in which they learn to make choices based on their experiences.

Dr. Rhodes:

Are you talking about different populations?

Dr. Empey:

Our populations are different. My delinquents are really not very good manipulators. They are mostly kids who can't manipulate anything or anyone.

Dr. Rhodes:

I've worked with delinquents in the United States and I've seen Jeannine's kids and I don't really see a difference.

Dr. O'Leary:

One difference is that Jeannine gets older kids and ones with fantastically high IQ scores.

Dr. Guindon:

Our process is primarily for kids who were in a regular prison. These kids had been through all the institutions and it didn't work out for them. We deal with hard core recidivists; some kids have even committed premeditated murder. Some of these delinquents are from the middle class too.

Dr. Empey:

We also have middle class kids. We found that the ideal program for each kid was one based on his special needs. It turned out that generally the middle class kids were educationally oriented and the lower class kids did best in community oriented programs. I think this example speaks to the need for typologies.

Dr. Guindon:

When we first started our program we didn't have any middle class kids, but with the tradition developing that our kids are more readily accepted back into the community, we now have middle class parents who want to send their kids to our institutions. I think our success is due mainly to our staff training programs. The staff actually live with the delinquents and are able to follow one person long enough to be able to help.

Mr. Marin:

There has always been some idea, or dream, that the schools could really be helped by retraining all the teachers so they'd be loving, warm, talented, genuine, helping persons. But in spite of this dream, which has persisted for about sixty years, this plan has never come true. You are defending the helping professions by saying essentially that if they were all like "us," what a good program and system it would be. But that simply doesn't deal with the fact that the present system is rotten and most programs are awful. There are too many children being brutalized by the system while waiting for it to change. This, then, brings up another question which is: Should anyone be institutionalized if the institutions are so poor? Or should we declare a moratorium? A kind of strike? No more "help" until we can side with those in need?

Dr. Guindon:

I place my hope with the younger generation and their idealism for improving the current state of institutions. We have to have more therapists live with the people in institutions in order to help. Brief contact won't work. I see the younger generation having more of these human values.

Mr. Marin:

Maybe everyone who wants to be a "helper" should be one in total anonymity for three years. They should be out in the world helping without being identified with the role. The problem, as I see it, is that helping persons try to locate themselves in the world through the act of helping others. This precipitates gigantic "helping" professions which exist as much for those who are in them as for those who are being helped. As a result, the system propagates itself.

If we had no one to help, who would we be? I know that I don't want to see people stop reading books, not because of their ignorance, but because I'm a writer. I think the same thing is true here. Persons in the helping profession have an investment in there being others to help.

Dr. Guindon:
When people actually live with the person being helped, the outcome is different.

Mr. Marin:
But how many people are actually willing to do that?

Dr. Guindon:
We have at least 300 in our province.

Dr. Fenichel:
I've met hundreds of teachers who want to go into special education and help handicapped children. They have great illusions to start with, but these quickly get smashed. Many of them complain that they receive no guidance or support to help them grow professionally. They come in all starry-eyed and then after two or three years of frustration and disillusionment, they leave the field.

Dr. Trippe:
One of the principles for the future that I've heard enunciated is that we must learn from one another, ignoring status or role. Are there other principles?

Dr. O'Leary:
In spite of our motivation to help, we still don't know how to treat various populations in effective ways. One of the things we need is better evaluation of the population we work with and better evaluation of the treatment methods. I know that there are many teachers who are willing to help, but don't know how.

Dr. Fenichel:

Not only do we need evaluation, but we also have to have good, creative, supportive supervision for the teachers.

Dr. Osmond:

I would like to talk about the future regarding what was brought here to talk about. One problem is the actual physical structure in which the institutions try to function. One source of the frustration of teachers may be this structure. Architects should have some way of finding out what people are going to use the structure for. There seems to be no method for providing this information, and sometimes the would be inhabitants can't even tell what is needed. There have been some rather sad examples of poorly designed zoos where animals died because of lack of planning. The goal for human children, in a school room, must be maximum interaction between the teachers and the learners. The way classrooms are arranged now, with the children sitting in rows all facing the teachers, makes it very difficult for the teacher to handle 30 to 40 kids. Some teachers are able to handle it successfully, but it's really a miracle, and why should we call for miracles? We seem to feel that we're too dumb or too poor to do it any other way.

We need to ask ourselves, in zoological terms, what we need to produce in terms of what the pupils need. We should change the arrangement of the classroom space and foster cooperation. Many great inventions were made possible because of the cooperation among scientists, but we've been led to believe that in a classroom we need competition. There is a fear that cooperation might lead to a lack of individual activity, but that isn't so. Another thing that's needed in the classroom is a sense of territoriality among the students. This could easily be achieved by setting up the classroom with different levels or by using different textures to denote space. This should also be extended to give the teacher a definite space to keep out any confusion as to who is teacher and who is pupil.

Dr. Fenichel:

When we moved our school from our old building to our new one, we had the architect work out a design with a committee of our teachers and clinicians. We had quite a time working it all out; there is little architectural know how or evidence on what kinds of structure and space is needed for schools and institutions for handicapped children.

Dr. Guindon:

We need to look at how the children live in the space in order to develop the structure. I think it's also important to know how the person uses his time.

Mr. Marin:

But how much is school really effective in learning? And is that their real purpose? The amount of time actually spent learning in the classroom is small. Most kids, most of the time, just sit and suffer. There is no reason to send kids to school for a long period of time just for learning, and there is also no reason why the school has to be a building at all. The possibilities for the school system are infinite but there are no courses in the education schools that talk about the real possibilities and alternatives. There are no courses that teach anything about how to start a different kind of school. And so we never really get past our old preconceptions.

I don't think that there is any reason to create the ideal small space for children unless you've given up the idea of real alternatives to the present system. We've got to rethink the whole thing from scratch. Maybe we don't need schools at all--not as we understand them. But we need them for another reason, they have another function--it's not accidental that the men who design prisons also design schools.

Dr. Rhodes:

What exactly do you see as the other function?

Mr. Marin:

Incarceration, with the purpose of control and rigid socialization, adjustment to closed space, rigid systems. Once I worked with a group of Black city parents who had called in expert while collar persons to educate their children. After these 'experts' began educating the kids, they then had to educate the parents to educate the kids. And then slowly, the experts began to change the school's design to reflect their values, to make it easier to teach the things they wanted. So the school, which had been a decently open place, began to close up, to be "used" and tightly managed. It changed from allowing the individual to move freely through space, to management, to a narrow vision of the world. And so the kids, and the parents, were gradually encapsulated in a narrow white version of reality, and the world disappeared.

Dr. Fenichel:

Schools without walls are a frightening thing for most disturbed kids.

Mr. Marin:

But relatively healthy unmanaged kids are able to develop their own system of dealing with space.

One problem of 'helping' kids is the weight of responsibility. I know of a school that was built as a dome. Once it was finished, the first thing the kids did was to climb on it, and that was the first thing that was ruled out. The reason was that the helper was responsible for the children. The problem in management of persons is that persons may forget what an unmanaged person is like. The idea now is to improve the old system, to make it better to be inside instead of trying to make it more closely resemble being outside.

Dr. Fenichel:

But even more important than the program or the space is the teacher and what he does with the space.

Dr. Osmond:

You can destroy a good thing by the use of space. A building can be neutral, but it can also be pathological. We need to spend more time on making buildings better.

Mr. Marin:

In Sweden, the kids play in junk yards. At first, they had playgrounds constructed for them, but then the parents realized that the kids preferred the make-shift ones. Also, in England the vacant lots and abandoned houses are being used as playgrounds. They are more free, less coercive and human, than planned spaces.

Dr. Rhodes:

I'd like to get back on the discussion of where we're going in the future. Dan, what do you think is the direction that behavior modification is taking?

Dr. O'Leary:

I'd hope to see more emphasis on involving the people we're trying to help in setting up what should be done. They should be involved in setting goals and in deciding what should be rewarded. We also need to teach the child to regard and evaluate himself. This would seem to be true for many areas as well as for behavior modification. I would like to see a shift from trying to change behavior to suit the environment towards changing the environment to prompt the behavior. Regarding evaluation and the possibility of conceptualizing the ideal classroom, I think we need to look at what kinds of behavior the ideal environment prompts. If we don't do this, we won't make any progress. With disturbed kids we also have to deal with the environment where the kid is having problems. If he is having problems both in school and at home, we can't work within just one setting and hope that it will carry over to the other.

Dr. Fenichel:

What happens when the therapist goes into the environment? Do the people in that environment then have to carry on the program when the therapist leaves?

Dr. O'Leary:

With some kids in foster homes, behavior modifiers found that their good behavior in the institution carried over to new privileges at home.

Dr. Fenichel:

What about working with parents?

Dr. O'Leary:

That is the next step in the program. We work on both fronts to provide consistency.

Dr. Trippe:

What other implications do we have for future intervention?

Dr. Head:

I'd like to summarize what we've said so far. We've covered the areas in which there are major ambiguities, but these seem subject to vacillation, due mainly to fads. In terms of systems theory, this looks like intention trauma, like feedback misalignment somewhere along the line. If I were sure that we all shared the same intentions, I would be more sure of my interpretation, but there does seem to be a realm of consensus here anyway.

Dr. Guindon:

I agree, but there's something I want to say about fads and particularly about behavior modification. I reject the term because of the meaning of those terms in my location. We use the term "stimulus nutriment" to refer to an external "prompt." Stimulus nutriments come from a structured environment, and by observing how they are responded to by the consumer one can then adapt "prompting" on the basis of the feedback. My approach goes beyond the external. You have to investigate the real interest of the young person, his internal motivation. If you have a person who has had meaningful experiences, you have ego interests or "stimulus nutriment" motivating that person. You have to leave room for that in the structure so it won't destroy that nutriment that is coming from inside. Thus I'm for the self-reinforcement that you're talking about, Dan. It maintains interests and involvement in the kind of experience that they're living.

Dr. O'Leary:

Our methods are just a matter of fostering internal interests and prompts are used to maintain these interests. One of the things we are doing right now is looking at what a teacher actually says and does when he rewards a child and what difference it makes if anything is changed or added. We're also looking for ways to talk to a child that build his particular interests and motivate him from the inside.

Mr. Marin:

The prompting you talk about is restricted to cognitive things and may also be prompting other behaviors in ways you are not aware of. The one thing I think kids should be allowed to keep is their vitality; yet the best 'taught' kids in school lose more vitality than the badly taught. And this vitality is the fundamental quality most needed to move their life.

Dr. Fenichel:

What about the kids who at 3:00 p.m. come charging from the building? Isn't that vitality?

Mr. Marin:

No. What I see in my own child is hysterical nervousness which is quite different from vitality. I suggest that some kind of prompting of vitality is more important than cognitive prompting. It allows the creative impulse to remain alive. The physical environment of people who are not alive is as oppressive as a bad spatial environment. If we produce helpers who lack vitality, it will damage the children being helped, no matter what is done. But a zeal for helping shouldn't replace vitality.

Dr. Guindon:

I agree because that's what I mean by intrinsic motivation--that vitality.

Dr. O'Leary:

I think this is a particularly important issue to address. We have to learn better ways to change behavior. We could devise ways to change a whole class of kids, but that might not be what we want to do. We may not be able to get at what vitality is, but we need to worry less about the whole class and focus on the thing the individual needs and likes best. This, of course, doesn't deal with the kids who don't want to learn anything, or maybe only want to learn a little. We have to watch carefully the tendency of imposing group will.

Dr. Cott:

When I was a Reichian therapist, we all observed certain behaviors that I thought were basic to the person's emotional structure. We set out to change these behaviors in an orderly way, by various methods. Then, when I became aware of the biochemical approach, I was amazed to find that the traits I thought were character based were really biochemically based. I found I could change behavior without using therapy, simply by working to achieve a biochemical balance within the person. I see that the direction that my area is taking is towards expansion. Even with all the helpers available, there are not enough to help all the people who may need it. I also hope that within the coming years the sharp diagnostic categories will begin to overlap. In every diagnostic category I'm sure there is a good percentage of people with a vast biochemical disorder. These people could and should be helped biochemically. Most psychiatrists have lost the perspective that schizophrenia and related disorders are illnesses of perception. If we don't investigate individual perceptions, how they perceive space and time, we won't find out. One thing we found when applying the Hoffer-Osmond Test to drug addicts, a test which gets at misconceptions of patients quantitatively, we found that some addicts turn to drugs to cope with perceptual disorders. We need to study these kinds of problems.

Dr. Trippe:

You're talking about ways of creating the ideal internal development.

Dr. Cott:

Yes, absolutely, the external environment of course affects the internal environment. The loss of trace minerals from the environment means that our food doesn't have enough of these minerals any more. Another example is children with high mercury and lead levels in their bodies. This problem of pollution in the environment is then treated by raising the accepted danger levels once the existing levels have been reached.

Dr. Osmond:

The same thing has happened with copper plumbing. At first, we used copper to avoid the problem of lead poisoning, but now we have an excess of copper in our bodies.

Dr. Cott:

Yes, the importance of this is that trace minerals need to be in balance, because these elements compete for active enzyme sites in the cells, so if there is too much of one element, the others are kept out.

Dr. Fenichel:

Could we get away from the vitamins and minerals for a moment? I'd like to speak about something that Dan said a moment ago. We were talking about the importance of utilizing the child's needs and desires.

I think it's also of importance to know that the child's pathology can actually be put to use, and we've had some rather dramatic cases of that in the early history of our school.

When Mark first came to the League School at the age of ten, he would go into a panic whenever a piece of equipment stopped working properly. If a light bulb burned out, a record player stopped running or a pencil sharpener broke down, Mark's body would become tense and rigid. He would cross his arms and wrap them tightly around his body, shrieking: "something is broken. My body isn't working. Something's wrong. Things are exploding inside of me." We spent no time searching for possible psycho-sexual conflicts--such as fear of castration--as the cause of this bizarre behavior. Instead, we worked with Mark's pathological need to see everything functioning smoothly and tried to direct this desperate need into socially useful and acceptable purposes. We got Mark interested and involved in helping his teacher and the custodian repair things. Mark began to enjoy the role and reputation of "fix-it man" around the school and became quite skilled at repairing the radio, TV set, tape recorder and other equipment that needed fixing. Mark has been working for over ten years as a watch repairman for one of the leading watch companies in New York. His very compulsivity has made him one of the company's outstanding and most productive workers.

Dr. Guindon:

You provided the challenge--the real challenge that he could cope with. So I think that in a program, the real thing is to see what kind of a challenge the child can cope with, and to actualize it. I think the counter indications are very important. We have to create the challenge that takes into account their strengths but we must be careful of the paralyzing deficits that are coming from the pathology.

Dr. Empey:

What would you do differently, Jeannine, if you had a group of kids and no one told you if they were delinquent or not?

Dr. Guindon:

Well, I've been committed to disturbed kids and have written books about that population. Maybe these things would also help the normal kids.

Dr. Empey:

Well, I don't know, that's what bugs me. Traditionally our approach has been negative. We are handed a "problem child" and immediately begin to ask how he got that way. Sometimes his problems are defined in a very interesting way. So, we end up devising strategies for a problem without really knowing what the problem is. Another approach would be to ask how people develop adequate and legitimate identities? What makes for good adjustment and how does one foster it? I don't have the answer, but I ask the question because I think we ought to be thinking about it, and we should be talking about prevention instead of control or rehabilitation. Nobody ever addresses that question. Instead, we are handed problems that have been defined by some other agent, and told "here's the problem, now correct it."

Mr. Marin:

One thing I noticed while I was doing therapy was that the way I saw normal people in social settings was radically distorted. I was trained to look for what was wrong. I didn't like the world because I was quite conscious of the disorder and the disease in my surroundings. One of the problems of being trained as a helper is that one then comes to the other person through the examination of pathology, rather than through any kind of experience of what it is to be healthy, or to develop one's own ego.

Dr. Guindon:

I've said two or three times that you don't stand on the deficits or weaknesses, but that you have to build on the strengths. The challenges have to be ones appealing to the interests and strengths of the person.

Mr. Marin:

But if you ask a person in the helping profession where his particular strength, not human strength, comes from--it's a question he's never had to deal with before.

Dr. Osmond:

It is very difficult to type oneself. The man who did the most work on this was Jung. He described himself as introverted and shy. He described his meeting with Freud as the shy introvert meeting with the outgoing extrovert. The introvert, Jung, talked for no less than three hours before Freud was able to get a word in. I do think that perhaps in the next ten years there is a very good chance that we will have usable human typologies, but at the moment, we have unusable typologies.

Mr. Marin:

One thing Jung did was not only to report typologies, but to report, very richly, his own experience. What I've seen missing is not just the typology, but the actual ability to speak honestly about what a very profound experience is. This is clearly connected now, not to types, but to the phasic development of each type and/or the general evolutionary unrolling. I can tell you introspectively what some of my experiences are that build strength, and these are things like solitude and love. But, I find these elements missing in theories. We should be discussing what people have to talk about, and especially what it is that people live on; and then, out of that, should come a model of health, rather than one of pathology.

Dr. Osmond:

We really need a model that emphasizes these very healthy differences. One thing I've seen over the years are groups of healthy people who are seen by others as unhealthy just because of their differences in temperament.

Mr. Marin:

I agree. In the helping professions you get persons who, in trying to define health for others, are unaware of the person's strengths.

Dr. O'Leary:

Humphry, are you suggesting that it's a typologies area we ought to pursue in the next ten years as a means to help children?

Dr. Osmond:

Yes, I think it's essential. People should be able to know if, indeed, their difficulties in the world are due to an illness or to temperament.

Dr. O'Leary:

I don't see how that follows. We can define types in a global sense now. The group in London has done some of this.

Dr. Osmond:

Well, they've taken a bit of Jung and produced something incomprehensible. Novelists have done a better job; if we can't do a better job than the novelists, we better shoot ourselves.

Dr. O'Leary:

I wasn't going to defend typologies, because I think they're poor.

Dr. Osmond:

I think that what we need is a much better one.

Mr. Marin:

The reason why typologies are necessary is that without an understanding of the different ways of being in the world we can't understand a community. A community works when there's not only a tolerance towards, but ways of synthesizing, different approaches to reality. Without a consciousness of differences, there's no capability of tolerating differences. The trend now is to reduce the different modes of "knowing" rather than to expand. It's very important to realize that a person who is a different type may have access to knowledge that you don't.

Dr. Osmond:

Yes, I agree. A person of a different type is a totally different animal.

Dr. O'Leary:

The work up to now has been to define typology. There has been too much emphasis on the ways that people behave similarly, despite the situation. This only confounds the issue; people do play different roles.

Mr. Marin:

But "behavior" is different from experience. This is one reason why we can't move the results of behavior modification from one setting to the next--it is involved in some way with the difference between behavior and experience. You may have changed the behavior but not the fundamental way that someone experiences the world.

Dr. O'Leary:

Do you, Peter, experience the world in any constant way?

Mr. Marin:

Yes.

Dr. O'Leary:

Is your behavior similar from one situation to another or does it even have any general similarity?

Dr. Trippe:
Could you, Peter and Dan, discuss this later?

Mr. Marin:
But this is the heart of the whole issue.

Dr. O'Leary:
As perceived by some.

Dr. Osmond:
The point is that you can't deny someone else's experience. You can do a thousand experiments, but if someone says it doesn't look that way to him, you either remove the experimental subject from the whole, or you realize that there are other possibilities.

The concern with experiential typologies comes out of the theory of "self world"--the time/space bubble which every living creature inherits, and the interaction among different people, different time/space bubbles, is a very complicated process. The difficulty is gaining any understanding about the individual's time/space bubble, and that can only come from the individual and what he is willing to tell you about his behavior. You can be extremely objective about many things, but to become objective about the subjective is the problem. It is very understandable that psychologists have been very leery about doing this.

Dr. O'Leary:
But the data seem to support Jung's general idea of the two place world--extrovert, introvert, disturbed and not.

Dr. Osmond:
But that is misleading. Jung's idea was that this was to be used as a kind of sign along with other accounts of these people's worlds. We're all agreed, I think, that there are quiet people and there are noisy people. But what we're

trying to get at is how the noisy people differ from one another.

Dr. Guindon:

I feel typologies are a closed system. They view a person in a static condition. It is an epigenetic process from birth to adulthood to death. We may not be able to typify each stage, but we can underline the common elements at the different stages of development, but there will still be individual differences. I wouldn't want to work too much on typologies because that would mean missing the most important parts of human development.

Dr. Osmond:

Even if this is temperamentally unattractive to you, it is no less useful. Knowing one's type is no less or no more important than knowing one's height and weight.

Dr. Empey:

We are talking about people, and typing them as though these types existed across cultures. And I believe that if you put people in different situations, they both behave differently, and are defined differently.

Mr. Marin:

Here is the problem. We have certain external measures of behavior, but I perceive and tell you that my behavior has continuity. But you may choose, after observing my behavior, to tell me that I must be mistaken or that I'm correct. And then the world is divided into two parts: on one side are those who will credit subjective experience, and on the other side are those who won't. I come from the side who will.

Dr. Empey:

I don't deny the basic genetic animal and how he is enlarged through his experience. But if we are going to talk about typologies, they have to be of an interactional character. Perhaps, as Jeannine says, we have to look at the life process. My point is that the social role dictates experience beyond the factor of age or subjective experience and until we can define conformity in some way, we can't define deviance.

Mr. Marin:

So we now have three systems--the first is one of typologies of character. And there also seems to be a kind of general animal and internal development whereby persons in all cultures ripen in much the same way along the same creaturely lines. And then we have the third system, which is the whole complex of social transactions and relations superimposed over these. And all we know for sure is that the one who manages to survive it all is healthy.

SERVICE DELIVERY SYSTEMS CONFERENCE

This conference was held in October, 1973 in Ann Arbor, Michigan.

Participants were:

Dr. Richard Cloward, Professor of Social Science, Columbia University, New York, New York.

Mr. Sanford Fox, Professor of Law, Boston College, Chestnut Hill, Massachusetts.

Dr. Vernon Haubrich, Professor of Educational Policy Studies, University of Wisconsin at Madison, Madison, Wisconsin.

Dr. Sabin Head, Principal Investigator, Conceptual Project, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Mr. Sam Keen, free lance editor, Psychology Today magazine, Delmar, California.

Dr. Haskell Miller, Professor of Sociology, Wesley Theological Seminary, Washington, D. C.

Dr. William Rhodes, Director, Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Dr. John Seeley, Research Sociologist, University of California at Los Angeles, Los Angeles, California.

Dr. Michael Tracy, Assistant Professor of Education, Indiana University, Bloomington, Indiana.

PROCEEDINGS OF A CONFERENCE ON

SERVICE DELIVERY SYSTEMS

October, 1973

Dr. Rhodes:

The panel for this morning's discussion includes: Dr. Richard Cloward, Columbia University; Mr. Sanford Fox, Boston College; Dr. Vernon Haubrich, University of Wisconsin at Madison; Dr. Sabin Head, The University of Michigan; Mr. Sam Keen, *Psychology Today* magazine; Dr. Haskell Miller, Wesley Theological Seminary; Dr. John Seeley, University of California at Los Angeles; Dr. Michael Tracy, Indiana University.

What kind of changes are necessary in our service delivery systems?

Dr. Seeley:

For one reason or another, perhaps feasibility, we are still wedded to some kind of transformation of institutions, big undertakings, begging the question of why it is that we appear to always produce either nothing or the opposite of what we intended. Some people have been attempting to work in a totally different way. I know at least one who is dramatically effective. But talking of what he is and teaches and stands for is not talking about emotionally disturbed children or mental retardates. It's talking about Billy Smith and a Me, and Johnny Jones and a Me, as we encounter each other in a concrete situation--that's a very different thing.

The person in question is a relatively unknown character compared to A. S. Neill. His name is George Lyward*; like Neill, he works in England. I called up from London, after having established a relationship, told him who I was, and said, "Could I come and see your school?"

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*Since deceased

He replied, "Oh, I'd be delighted, but please don't call it a school."

That shook me for a moment, since that's what it appeared to be: a boarding place, a place of learning for kids.

I said, "Well, should I call it a home then?"

He said, "No, you are absolutely welcome, we're all looking forward to seeing you, but please don't call it a home."

"What shall I call it?" I asked in categorical despair.

He said, "It has a name, Finchden Manor," and that, in a sense, summed up everything he had to say. A kid is not part of a category of kids who do this or that, but is Jimmy Smith, and Jimmy Jones and so on.

So a friend and I went down to observe. We talked with Lyward and with the kids. After about half an hour of conversation, my friend, who is a psychiatrist and had a lot of NIMH money to spend at the time, said, "I'm wondering how we can transfer this to America." Lyward, a portish little man, who's a mathematician, a Shakespearian scholar, a great teacher, and a psychoanalyst answered, "Would you be offended if I tried to read your mind? You must have seen probably about 40 boys out in the garden and yard when you came in," he said, "but you're thinking of doing this on a different scale, aren't you with--what, 500 400 people?"

My friend was thinking about 500.

"Ah, yes...," Lyward said, "well, I'm sure it would be very interesting, but it would be no resemblance to this."

He then told us how Finchden Manor occurred. At a certain point in his life he was a housemaster at Winchester, and he began to feel that he could not ignore a whole host of things that were wrong with that public school. He threw away the glories of being a housemaster at Winchester, which is quite an honor, and went away for a year to be on a farm by himself--to think and to write. A friend happened to come to him and said, "Look, I've got a boy and I don't know what to do with him. We're just totally out of touch and unless somebody mediates or does something for the kid, it will be pretty bad for everybody. Could you possibly deal with him in your solitude?" He knew the boy, so he and the boy came to some kind of deal, and that deal lasted that year. Sometime in that year, somebody else came with another kid, with a different story, and then the two of them sat down and said, "Well, what would happen to us if we took Jimmie in? What could we do?" They decided on those terms. Not one more boy, but that one particular boy: Jimmie!

Every decision, even the decision as to whether to move into a building or whether to move it across the country was a concrete, personalistic event. On any given day, Lyward could just walk into a room and tell who was most distressed, in what way at that moment, and, given all that rich history and mutual involvement, what might be helpful.

We ate lunch with the kids, who were interested in us in every way--unbelievably hospitable. Towards the end of lunch, I asked them about something which had distressed me in the morning. I said, "There is one thing I'd really like to know while I'm here. Since Mr. Lyward is now getting old, and Mrs. Lyward is getting sick*, is there anybody in this room who is likely to replace them?"

A young adolescent, smarter than I, tried to save me from myself, and said, "Oh, no, you can't mean that!"

I was really shocked. I thought I'd made a mistake, by raising the question of "the death of the father" with these adolescents, and I said, "Well, isn't he old?"

The boy said, "No, no, no! That part's all right. But the part about someone replacing him! What you must mean is: Is there anybody in this room who, in his time and given his nature, would do something for others that would be as natural and vivid and effective as what Mr. Lyward did? Is that your question? Then, yes, at least three people. There's (so-and-so) and (so-and-so) and (so-and-so)."

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*Also, sadly, now dead.

Dr. Head:

I think that at least the educational system and the mental health system in the United States have sporadically made unsuccessful attempts to individualize the instruction or individualize the treatment.

Dr. Tracy:

What are the reasons that attempts to import ideas like Finchden Manor have not succeeded?

Dr. Rhodes:

It may be that it's because of the total cultural context and the particular person who takes the leadership in the project. I think that, try as we might, we could not import the *educateur* idea from French Canada. Jeannine Guindon in Canada took the leadership in creating that whole professional body. This woman and what she is and the context of the French-Canadian-Catholic culture has created a unique situation.

Dr. Seeley:

The *educateur* movement in France, however, is strikingly successful in a very laicized, radicalized, urbanized setting--very different from the Quebec setting. In both cases, there's a very dramatic leader. If we say the success of a project is cultural, then, we're going to have to exclude from the culture such vital differences as the urban sophistication, in the one case, and the rurality and "villageosity" in the other.

Dr. Rhodes:

Yes, except, of course, Jeannine is in Montreal and the places in which her people have made their impact, in Montreal, are in the typical urban children's institutions.

Dr. Tracy:

There are many examples of innovative models, like the *educateur* system or Finchden Manor, or, for instance, the experimental Pacific High School in California. Are they related to any of the major service delivery systems, and do they attempt to change those in any way? They're unique models, essentially humanistic, and anti-system. At the same time, funding structures and laws dictate that most of the services for people are going to come through some sort of system--organized, and insofar as it's organized, depersonalized.

Dr. Head:

And the patients are pretty much regarded as plug-in replaceable units. As you just asked yourself, can you separate Jeannine Guindon's effect from the culture's effect... can you depersonalize that setting from its director?

Mr. Fox:

Well, it seems to me that one of the reasons why the system that you described would be so difficult to import into any educational system--or any correctional system, no matter what the cultural setting--is that there are numerous constraints that prohibit you from working on an individual level. There are so many other responsibilities that the educational system has in addition to, and sometimes in conflict with, developing that teacher-student role. There are certainly an enormous number of conflicts which any prison counselor might have with any small group. The whole system is designed to serve other needs in addition to developing that sort of relationship.

Dr. Seeley:

I don't doubt what you say is true. Pacific High School, for example, was a very different thing during the brief period Peter Marin had it.

Dr. Miller:

The thing that bothers me about your story is that it has implications of atomism, a very limited focus. It seems to me that what we have to struggle with is the question of how, in a mass society, a massive system, we can meet needs on a more comprehensive basis. At that point, I don't see any alternative except the kind of approach that attempts to make the system more sensitive and responsive. I don't see much hope for an atomized approach within a complex system.

Mr. Keen:

A systematic approach may be compounding the problem. I don't know the field of child care well, but I know that in the field of therapy, the innovations are very often done by amateurs.

It's the nonprofessionals, those who lack the credentials, who have created the breakthroughs in modern therapy. No professional will have anything to do with new therapeutic movements, like scientology, for instance. It's not even looked on as respectable. Approaches like co-counseling, all the proletarian therapies, are anti-systematic and insist that the only solution to the problem is to utilize an individual's creativity, and to get away from the notion that there is any large-scale solution.

Maybe there is no large-scale solution. If these problems arise from the loss of community, if there is no such thing as a national community any longer, then the effort to create systems which nationally are going to solve problems is futile. Maybe looking for national solutions prevents us from going into the period of chaos and decay out of which something creative could come. You can't make any large solutions to the problem of how to get small again. What if we just started by saying there is no way of caring except on an individual basis, and stopped the illusion that we can do anything except punish, or keep people in holding areas, until we can find individuals to care for them. Our prison systems are not for caring, our social agencies are not primarily for caring. They're holding areas, just to maintain until we can find people who will care.

Mr. Fox:

It's not so much a question of size as it is the disintegration of professionalism, the blurring of lines between professionals. The physicians in community health programs find that they are acting as social workers. For a long time, social workers, who thought that there was nothing to do but Freudian psychology, had a hard time distinguishing themselves from the analysts, except on the basis of what degrees they had. Lawyers are undergoing the same thing in their effort to do something other than deal with abstract legal principles. They find that they're doing things that their friends in the social work school are also doing, and the things that their friends in the medical school are sometimes doing. It's not just the blurring of the professional lines, but the turning away from professionalism. The closing up of major correctional institutions and reform schools that took place over the last couple of years left an enormous gap. Who's going to take care of these kids now; where are they going to go? The handful of long-standing professional private child welfare agencies were not prepared to take all the kids that were thrown out of reform schools. These were the kids they never wanted, and so out of the woodwork came a bunch of nonprofessionals.

Dr. Miller:

There's a point that concerns me. I have been interested in the Church's relationship to the caring system, in that much welfare work had its impetus originally in church contexts. It grew away from the idea that dedicated ignorance was sufficient, but now the alternative is professionalism that's dedicated to something other than the problems we face.

Dr. Seeley:

You can love something without knowing or know something without loving. In one frame of reference, that is heresy, and in another frame of reference, epistemological theory. We discover the knowledge about human beings first and then we bother separately about whether it's going to be used for good or bad. The kind of knowledge that's developed in that way is dangerous because it has that dual usability. That raises the whole question of the nature of social science, the nature of human inquiry. What's permissible within it? That is, knowledge that is not infused with love is no knowledge. A love that is not infused with knowledge is no true love. When you insist upon a division of labor in which parents love, and social scientists determine the facts about a kid, you've already begun the process of destruction and the alienation.

Dr. Haubrich:

Let me suggest that perhaps the reason that institutions, whether they're mental health or education or what-not, develop a distance between the caretaker and the client, is that this is the nature of the way people live in this particular society. I happen to have some contact with an Amish community in Wisconsin, and have observed their system of educating their children, their religious organization, the way they care for themselves, their social work with one another, their legal arrangements, and how they govern themselves. Their sense of intimacy is only possible because that community is determined to survive. They have only an oral history, but they know that they go far beyond the time in which they're living; and that influences the whole sense of caring for the retarded child, or the brilliant child, or the daughter, or the son within the Amish community. It is an entirely different situation from one in which a child begins to reserve a portion of himself for himself, because he knows he'll never see the teacher again, or he knows that the family's going to move again, or he knows that there is going to be a divorce, etc. To save himself, he does not give all of himself to the teacher or the school. It is the same for teachers, and it is a difficult thing to handle. The nature of the problem is the nature of changing fundamental relationships within a community.

Mr. Keen:

I find that actually I cannot care for somebody whose story I don't know, it's that simple. Last night when we rode here in the cab, several of us began to share our stories. Before then, I was alienated. I don't like conferences, I don't like experts; but when we began to share our stories, suddenly I felt that these guys were a community with me. I began to care. A lot that we're calling education has nothing to do with care, it has to do with preparing people to produce or to compete. It has to do with the exact opposite of care, with making them into products or making them live in a society where they're not supposed to have an autobiography.

Dr. Miller:

It's an amazing fact to me that interdependence is more and more obvious, and at the same time this caring dimension is apparently being neglected.

Mr. Fox:

Well, one reason, I think, that the delivery systems fail to deliver is that they insist so much on maintaining themselves as systems. This fault is related directly to what we were talking about earlier, the handicap that professionalism poses in delivering individual care. If you throw all nosological and bureaucratic principles to the winds, then everyone will be able to relate to everyone else on a much deeper biographical basis than before. Maybe that kind of thing is possible in a very small way, but even then, the notion of turning your back on reference to principles derived somewhere is, I think, an impossibility. How can we not make reference to our own generalized experiences and those of other people?

Dr. Seeley:

To claim that your experience doesn't enter in, would strain credulity, especially if it includes knowledge of psychological, academic and other categories. However, particularly when you have as many as forty kids together, you must strain to the utmost to make sure that you are talking always about Billy Smith, who is not only retarded, but has other characteristics and a unique biography, and is at a particular point in his struggle to find himself somewhere in the group of forty. The particularity must be vivid to you. Nobody really treats anybody else totally as an abstraction, or, hardly ever. It's very difficult, even in a concentration camp.

I really don't know whether or not the systems under attack can be substantially improved. You know, you turn to maintenance needs when you are under attack.

In all these institutions, what people find themselves in are really semi-minimum security situations, so that if they continue to behave in a given way, they are allowed certain nominal freedoms. As long as you act properly and continue to bring others into that system, then you maintain a degree of freedom. It is because of that hidden mandate of systems, combined with a countermandate to somehow liberate juveniles, that all large systems deliver something not only different from, but opposite to what was expected. Education was supposed to be liberative. That's the ideology. It's become custodial, and even more than custodial, it's become oppressive and imprisoning.

Dr. Head:

Well, in a sense you can talk about that as the intention of the system. If it's producing something consistently and if it keeps producing what it's not supposed to produce, even if you try and change it, then it has to be intentional.

Dr. Haubrich:

Generally, the question of control is the one that disturbs me. Once you personalize and get deep into another individual, and understand his biography, there is a degree of control there that is just superhuman. I don't know why the educational system moves in the direction of attempting all kinds of control, but the idea that the small local community, whether it's in England or France or whatever, is a better thing in terms of caring, is, I think, problematical. There's no choice, for example, if you're an Amish son or daughter. I mean, you must become a farmer and there's no way out of that kind of thing except to leave that warm, rich, strong family. You've got to leave it and it's the wrench of the century for those kids.

Dr. Tracy:
That kind of control is a mutual thing. That is, the parent and the child both influence each other to a great degree, but the kind of control that we're talking about in another sense, is this dehumanized control which is imposed and is not reciprocal in any way.

Dr. Haubrich:
Well, you pay different kinds of dues in either case. The question is simply one of value.

Dr. Seeley:
It seems to me that we're missing, possibly, a third category. I think it is true, though I hate to say it, that as psychological insight has replaced the knowledge of what the strap would do in the school, it's become easier in a much more dangerous sense, to imprison, enslave and manipulate the child, and, in fact, it has been done. Even the IQ test which was supposed to individualize the child, becomes a tailor-fitted yoke for his neck. It tells you exactly what he should live up to and there's no more argument about it. I would argue that it is probably more destructive, and certainly more frightening and harder to cope with than outright enmity. A child used to be slapped if he didn't do what he was supposed to do. I don't approve of that; I think it's terrible. I fought it, but it has its advantages. We seem to have two alternatives. Should we stay outside the kid and, if necessary, constrain him to make him behave within certain limits, or should we get into his head and manipulate him? The second is rather worse, probably.

Dr. Miller:
I have a minor concern that goes back to something said earlier about results that occur that seem to be intentional

without our acknowledgement of the intent. In the case of the so-called retarded and the so-called emotionally disturbed, I wonder if our educational system isn't intentionally producing these problems. Here we are trying to find a way for the system to select its victims and rehabilitate them, all in the name of the system.

Mr. Fox:

It's not so much picking victims, but don't we have a lot of social roles that need to be filled? The people whom we label and stigmatize, we're training to do things that need to be done, just as we're trying to select the geniuses because we need some genius things to be done. Somebody's got to collect the garbage every morning; we have many more retarded things to do than we have genius things to do.

Dr. Head:

The school system does have a very nasty trick of picking out people who are incompatible with academic activities, and making that their total relationship to the rest of the world.

Dr. Haubrich:

Oh, I wouldn't be unhappy with the school at all if it were that straightforward.

Mr. Fox:

But the deviousness is part of it; you can't do it except by being devious.

Dr. Haubrich:

The myth is that the school gives an IQ test, makes very careful observations of kids and then carefully, intelligently, we send certain of them out to the universities. But if I had a hundred kids graduating from high school and I knew the father's income and I knew their intellectual capabilities, I could better predict from income who is going to college than from intellectual capabilities. From the first grade, teachers classify kids on the basis of social response. The school, if anything, is a social system.

Mr. Keen:

Suppose you put the whole thing in terms of aesthetic analogies. For instance, we know very often that success in school has to do with whether a person is beautiful or ugly. Nobody ever talks about the problem of ugly. When I went to do Great Books courses in Kentucky reformatories, the first thing I noticed was that I was dealing primarily with ugly people--very few beautiful people. I wonder how many people are in institutions because they don't look pretty. Our society tells us that ugly people are bad; our schools are set up to reinforce that idea. We know that good looking women get better grades and more economically desirable husbands. In fact, it's very difficult for me to consider marrying an ugly woman. It is a prejudice rather than a philosophy.

Mr. Fox:

Are all aesthetics a prejudice?

Dr. Haubrich:

Yes, it is a kind of prejudice. But ugly in one situation does not have to be ugly in another. We do have separate definitions of ugly.

Mr. Keen:

Psychologically, we agree that it's better to be white than Black, better to be male than female, better to be Anglo-Saxon than anything else. It used to be better to be East than West, but now we know it's better to be from California than from anyplace else.

Dr. Seeley:

It's better to be big. Among vice-presidents of banks, the best single predictor as to who will be the next president is the tallest, or in some cases, the bulkiest, the most massive. Mass is good and lack of mass is bad.

Mr. Keen:

You know, if we could ever admit these prejudices, then we might be able to deal with them. But we're ashamed of our actual values. We're ashamed that we really feel Black people are inferior, or women are inferior. We won't say those things.

Dr. Seeley:

It is deeper than that, I think. In our society you have to have a number of people safely and clearly below you for a long foreseeable time--not just the moment. You don't know you are good except by comparison with somebody else. My theory is that there is a tolerance level of variation of about five percent. What you mean by "mentally retarded" is the five percent slowest. What you mean by "emotionally disturbed" is the five percent most upset. I'm convinced that if we shot dead the five percent at the bottom of the IQ curve, within a period of six years, the uneducable retarded would be the five percent at the bottom of those left; and if you chopped off the next five percent, it would still always be true. The same would be true with what you mean by "criminal," "delinquent," etc. The criterion for such a label is that this is the psychologically indispensable one in twenty, whom I can put into one of those slots.

Mr. Keen:

We ought to really reward them. We ought to admit that society needs deviant categories, and say, "Who would like to apply?" We need bad people to prove that we're good and we need emotional deviants to prove that we're emotionally stable. Anybody ought to be able to apply and get a salary for performing such a useful function.

Mr. Fox:

To apply would be virtuous, and if you assign virtue to applicants, they are no longer fit for the deviant role.

Dr. Seeley:

It looks as though the negative income tax is in sight and this would go to mostly poorest people. I would like to propose a feasible, nonpolitical measure that would make a real difference in the structure of the ghetto and in the way people looked at themselves. I suggest that cities be split up and their ghettos be given independent local government. Each government unit would be subsidized by the federal government at a rate ten times the total negative income tax going into that community. Therefore, any community would welcome poor people. It's a practical measure that would transform the nature of the problem.

Dr. Cloward:

It is an old sociological assumption that the maintenance of stability and order in any human group depends on differentiating out certain classes of people, who are defined as deviant and whose degradation and stigmatization serves as a socializing experience for all of us, and as a reinforcer of self-esteem and prestige. If we assume that that type of process is fundamental to the maintenance of social stability, then tricks of trying to change such individuals' status and assign virtue to the status must violate that principle. Perhaps there must be people who are degraded in order to maintain stability. It seems to me that one of the things that has happened in recent decades is a proliferation of so-called "helpers." As a consequence of seeking to rehabilitate, treat, cure, find remedies, etc., we have seen a proliferation of systems, institutions, and professional categories, and an enlargement of the client groups. It may be that the best thing we can do, given the necessity of such groups, is to minimize the numbers who populate such outcast categories and to minimize the number of interventions which society imposes. To keep these categories as small as possible, we should try to do as little as possible to people. We should try to maximize tolerance and minimize labeling.

Mr. Fox:

Can I ask you a question about that? If the existence and perpetuation of these deviant classes is in the interest of maintaining some order, may it not be that the proliferation of these classes is responsive to a deeper need for order? Therefore, if we go in the direction that you're suggesting, may we simply be taking the lid off something that's about to explode?

Dr. Cloward:

I think that probably one of the reasons for the proliferation and expansion of deviant classes is a profound disorder in more basic substructures of the society--the occupational system, the family system, etc.--and that the function served by the proliferation and expansion of these classes is one of trying to overcome the more basic disorder in the fundamental institutions of the society.

Dr. Seeley:

We should consider whether this process is really effective in maintaining order or restoring order within the institutions. As you make a society aware of what it is doing, it can no longer maintain that it is helpful or rational when it is labeling Johnny a criminal and Billy a mental retardate and somebody else insane or mentally sick and so on. As people realize that they are defending a system which is basically weak and destructive, it's an open question whether we will be able to maintain it with the same naive methods. Once sociologists tell us that order is maintained by the identification and treatment of deviance, it's a question of whether that will be a feasible mechanism any longer.

Mr. Fox:

Not if we make the process conscious.

Dr. Seeley:

Then we must still deal with the problems of child-raising. I don't mean in the mechanical, industrial sense in which they're now cast, but the whole question of how you raise a child and how deep are those needs for other people's misery. So at one and the same time, the reform of the society and the reform of the institutions--the monster whose character is induced--are both necessary.

Dr. Miller:

I think we have to look at our fundamental value structure, our ethics. We're just talking through our hats if we are talking about correcting these problems without altering the value structures to which we're committed--having some conversion experiences. I'm amazed that you can find any supportive system among your colleagues. They are a bunch of ego-centered, competitive individualists who are trying to cut one another's throats, if it's like most sub-systems with which I am acquainted. There's the root of the problem, in my opinion.

Dr. Rhodes:

It may also be that as you create professionals and professional systems, these people have to justify their existence by finding populations to deal with. As I watched the whole special education development over the last fifteen years, it's really been amazing to me, the ingenuity of the professionals in creating new categories of deviant children within the school system.

Dr. Seeley:

I think you are entirely right on the root of the problem. The ethical problem is that particular insanity which idolizes control, which is equally happy if you have an efficient concentration camp or an efficient hospital. It is an archtypical product of the way of Western thinking. The test is to do it well: meaning, efficiently. Your beliefs, ideologies, the structures of your institutions and particularly the outcomes about which you only complain are spinoffs of this view. But one of the things that troubles me in relation to the whole enterprise, is that the attitude which at first, at least, applied primarily to things, is now applied to people through the social sciences. When we look to the wounds and sores and uglinesses that are created by these institutions, we try to use the same social sciences that caused the problems to remedy them, and I don't believe that's possible. There is an aesthetic problem, an epistemological problem, a metaphysical problem, and a religious problem. Without a solution, the best we can do is mitigate the situation on the same principle on which you give a child a glass of water today and continue his life even though you have got an overpopulation.

Dr. Tracy:

How does the mental health system or the educational institution purport to treat kids right now?

Mr. Fox:

Well, from my point of view, there doesn't seem to be any movement in the direction of mental health being more receptive toward kids with strong behavior problems, delinquent kinds. The availability of mental health resources for kids coming out of courts seems to be very small.

Dr. Rhodes:

That's interesting, because the whole child guidance clinic development grew out of a concern for working with that kind of delinquent child.

Mr. Fox:

The Judge Baker Clinic, which started in Boston precisely to do that, got out of that business fairly soon after it found the kids were tearing the place apart. They are not back in yet.

Dr. Miller:

I just went through a battle in Washington. Some church circles were trying to get a new mental health facility for children, focused on the needs of children in the ghetto areas. I lost the battle in behalf of this effort. The discussion was pitched, and the decision was made, where most of them get pitched and made: at the level of the interests of the upper-middle class, essentially white, community. My experience is that the mental health people aren't particularly interested in trying to serve the disorganized, difficult child population.

Dr. Seeley:

The big move is toward mass chemotherapy for allegedly hyperkinetic children. Ritalin is only the beginning of a technology that already makes brain implants thinkable procedures. Brain implants of a very sensitive kind are proposed in which a rising adrenalin level in the brain would set off a sheathed tranquilizer already imbedded in the brain. As far as the lower class is concerned, I would expect a rapid expansion of mass chemical straitjacketing of one kind or another.

Dr. Miller:

Someone recently called my attention to Erich Fromm's concept of the pathologies of normalcy. The normal are in madness on a lot of these points.

Dr. Head:

Is there any one of the systems that seems to be heading towards chemical straitjackets faster than the others?

Dr. Tracy:

It takes medical endorsement to move there, so it must be the mental health system.

Mr. Fox:

That seems to be no impediment. The places where it's being done in juvenile correctional facilities, it is all done under medical supervision. That doesn't in any way dissipate the claims of abuse that this represents. It's not hard to get a doctor to do it, I guess.

Dr. Seeley:

Right. MBD, if it exists, requires a very subtle differential diagnosis which very few doctors can do except after long exposure. What can an average doctor do except guess if the kid's hyperactive? It might well be MBD, and after all, what's the harm of a little Ritalin except the kid may later have Parkinsonism or something like that.

Dr. Tracy:

It seems to me that the mental health establishment, if they're going to use medicine, have to come up with better theories. That is, if we begin using chemical therapy to control behavior, then the delivery system has the responsibility for building theories to explain why it's a good thing to do.

Dr. Rhodes:

Those theories are being built already.

Mr. Fox:

And some action is already being taken by closing institutions. Chemotherapy fits very neatly with the notion of not wanting to lock people up and simultaneously asserting that, on the other hand, you don't want them running wild in the streets.

Dr. Tracy:

So you lock them in.

Dr. Head:

This has in fact happened in the mental health system to a large extent.

Dr. Seeley:

We're going through a huge political battle now at UCLA in which what looked at first like the freeing of some funds to study violence has become the stage on which this issue is being fought out. The majority of medical people are saying, "you have nothing to fear" and demonstrating, in the process, that there's everything to fear. They don't see any of the dangers in things which are clear even to those only slightly prudent (or slightly paranoid), all the *Clockwork Orange* possibilities that were just fiction a few years ago. For example, one proposal is for releasing someone on probation if he will accept two implants, one of which radios his whereabouts and excitement level all the time to his probation officer and the other which allows the probation officer to trigger a tranquilizer if at any time the probationer seems to be getting excited.

Dr. Head:

Through the computer it can be an easy thing to do.

Mr. Keen:

You don't even need the probation officer. You can program the whole thing.

Dr. Miller:

Perhaps some of you know more about the community mental health movement than I do, but it apparently originated in Holland after World War II. They organized the limited resources that were available in the communities to help people. My impression is that it worked well, spread to England, and then some Americans got hold of it. We got federal funding, and turned loose another vicious bureaucracy to set up community mental health programs. In Washington, the one I know the most about hasn't really done that kind of job at all. It hasn't brought an integrated influence into the life of the community. It's been just another bureaucracy set up to compete with bureaucracies. It seems to me that the community mental health idea is to get the whole community to become a therapeutic community.

Dr. Rhodes:

Carried to extremes, the whole community becomes the patient and the people working within the mental health system are the doctors. You have your sick community and somebody to treat your sick community. It's a very dangerous kind of control.

Dr. Tracy:

In some states, like North Carolina, they used community mental health money to predict the mental health needs in a fifteen year projection, and spent it gathering data on what the people's needs would be.

Mr. Fox:

Our experience with the development of technology is that it will be pushed to its limit, and its use to control behavior is very much in the offing. Poison gas is the only exception to this trend, and my feeling is that the reason it has not been used more is that it's simply been overtaken by other technology. I don't expect anybody to suddenly develop ethical or other limitations, maybe short of political limitations, that would prevent delivery systems from becoming chemical and automated.

Dr. Seeley:

I think there is some concern even when the treatment is not chemical. For instance, one of the projects for a proposed violence center was an attempt to teach probation officers in charge of juvenile camps behavior modification techniques, but nothing else. If you took exception to this approach or questioned it, the comment was: What do you want to do, continue beating the kids the way they used to when they ran away? Nobody raised the question of whether it was the kind of situation from which a kid ought to run away. Behavior modification was considered better because it's always better to produce socially acceptable conduct by nonviolent means. But one must weigh the balance between violence and violation of the psyche, and even then you should question a concealed system in which a reinforcement schedule is unknowingly working its way into the child's character by technological means. Someone has control of him without his knowledge. Is that to be preferred to the situation in which he clearly knows who the enemy is? These ethical-religious-political questions have to be worked out before that technology is set loose, or we will have something rather worse, I think, than the situation with the atom bomb, and more powerful.

Dr. Tracy:

Behavior modification has really taken hold in the school system. It can be presented easily in a methods course. Schools are ripe for it, particularly elementary schools.

Dr. Haubrich:

I fully understand the ethical problems of behavior modification or drugs on the one hand and the whole question of "Do you want the kid to drop out of school?" and how to maintain order, on the other hand. Consider, however, the teacher who doesn't know what to do, or the administrator who is struggling to maintain some semblance of sanity in a school where he's lost contact with the students. Regardless of whether the students there are victims of poverty, racism, etc., there's a legal system that requires them to go to school and then there's a requirement that so many students be in the class. When someone comes along and says, "Look, here's a reinforcement schedule. If you do these things, you'll be able to control the kids," most teachers just breathe a very heavy sigh of relief and try it. And if somebody offers something that's a little less complicated, namely a drug that could be administered to the ones that act up, my guess is that they would buy it immediately, not because of technology, but out of frustration. In many cases you've got a person who is both hapless and helpless in the face of a situation, without the leisure of debating the ethics of it, since the kids are smashing windows and running out of the classroom and peeing on the floor. I mean, what the hell are you going to do? I'm not saying, therefore, the technologists should take over. I think that there are a lot of other things to be done, but you must recognize the problem that you're faced with.

Dr. Seeley:

If we don't raise practical questions, if we leave it for resolution at individual levels or individual institutional levels, there's no doubt about the outcome. The only bulwark you have against that kind of treatment is your enforceable bill of rights for the voiceless, the victims, the "beneficiaries," of all these systems. And it must entail a right to refuse treatment. If you probe deeply enough, a requirement for truly informed and voluntary consent is a considerable roadblock. How is someone to give informed consent to a reinforcement schedule, the essence of which is that he not know that it's being used?

Mr. Fox:

How can the consent be voluntary in any real sense, also, if the alternative is staying in prison? It's true, we often go through the litany of somebody in court consenting to the conditions of probation, or someone in the prison consenting to the conditions of parole. But that's nonsense. However, the only alternative is to say it's truly involuntary and therefore you don't even ask for consent, but simply ratify what the facts are. Or you say, since consent cannot ever be voluntary or so seldom can be voluntary, we decide on ethical grounds, or for some other reason. I think that we are not about to ban these nice techniques, and so I see less and less attention to the matter of consent.

Mr. Keen:

Which is a strange *Catch-22*. You see, I would define mental health as the ability to transcend any preprogrammed conditioning, any kind of program which is going to condition one in a certain way. Therefore, I can only prove that I'm mentally healthy by taking out the electrode that I had to agree to put in to get out of the prison. You know, it's a strange question, because in a real sense, freedom involves being an outlaw: a cognitive outlaw, a moral outlaw. Nietzsche talks about us being beyond good and evil, and certainly any positive concept of mental health or creativity involves that kind of outlaw domain. How are we going to create organizations which not only allow, but encourage the development of outlaws? I know for myself that I don't want any institution defining mental health or helping me or caring for me in such a way that I accede to their goals and their aims for my own life.

Dr. Tracy:
Perhaps you could break up that system, though, with a hierarchical set of reviews.

Mr. Keen:
Well, as a matter of fact, you can. If we have implants, it won't be two weeks until we'll have alpha control centers where somebody can go and learn to control their alpha waves in such a way that they will subvert the computer. They'll be able to do anything they want and still remain calm while doing it, because they'll learn biofeedback. People really are ingenious! The marvelous thing about a computer technology is that the more technical it becomes, the easier it is to jam it.

Mr. Fox:
Well, it won't work as efficiently as its promoters might hope.

Dr. Miller:
I'm fascinated by the evidence with which we're struggling. The nature of man is the basic concern here. I'm reminded of a book produced a few years ago. The central argument was that we ought to quit talking about men and recognize that we're fellowmen, that our nature is to be fellowmen and not mere individualists. I think this must tie in with something else that's been bothering me in our discussion: What is the situational context out of which

the variant individual arises? He's a problem of some kind to the society in which he is so labeled, and it is important that we look carefully at him and what we do with him, but also at the fact that he is a problem. It doesn't do any good, it seems to me, for us just to brush that fact aside. Something in the social system provokes him into a problem response. We only look at the problem of the way society reacts to him and responds to him as the problem. What we need to see is how society has related to him to help make him a problem.

Dr. Haubrich:
Yes, but he wasn't a problem seventy years ago. The same things that were handled in the small community or the neighborhood or by ethnic groups are now problems simply because you got a lot of laws passed that shouldn't be there. There are a lot of kids who stepped out of line in terms of the community norms and the community took care of whatever had to be done to him. He didn't go to prison, he didn't have a social worker, he didn't have a probation officer. He was disciplined in a very natural way by the children and the adults in the community. That's what we've lost. I mean, for all kinds of reasons, we've turned that over to a group of individuals who see all kids in the context of problems.

Mr. Keen:
Look at the "problem" of marijuana.

Dr. Head:
I think it's been bandied about before in this conference that sometimes people are declared variant because that's a solution to some other problem.

Dr. Miller:
Even so, when you eliminate all the marginality in this, there still remains the fact that society simply has to operate as a system in order to perpetuate the group experience.

Dr. Haubrich:

Well, I'm not sure. The time when our society seemed to be quite vigorous--and we produced Jefferson, the Constitution, the Declaration of Independence--you didn't have an organized school system. I'm sure that there was as much variance at that time, and that it was handled in a little different way. The development of institutional structures, at least in the field of schooling, came about simply because people were frightened that this variance was going to get out of hand. There was too much pluralism and they had to put people back into ideological straitjackets. I think that once you start the procedure of defining out the five percent on either end, then it continues and continues and continues. First you require school attendance until the age of twelve, and then fourteen, and then sixteen, and now people are proposing eighteen and twenty years. It began with, I'm sure, certain legitimate hopes that this society would fulfill the idea of an enlightened citizenry. It's gotten to a point right now where schools are encapsulated, and you are fulfilling a credentialing role which has absolutely nothing to do with an enlightened citizenry.

Dr. Rhodes:

What do we need an educational system for now?

Dr. Miller:

Your question says to me: What do we need any structured social institution for now? And it seems that it becomes an absurd question in the context of the kind of culture we actually have. I'm not talking about the kind we ought to have. I'm talking about the kind we actually have. I would say we need the educational system for the simple reason that we couldn't function in this culture if we did not have some kind of an organized process for inducting new members of the society rather rapidly into the complexities of the society.

Dr. Seeley:

I thought you were going to say something much more reasonable: The society couldn't operate without huge buildings to babysit kids whose parents are working and can't attend to them. Somebody's got to have custody of those kids. But if you want to set up something to induct them quickly into literacy and the essence of civilization, I'm sure you would not do it that way...

Dr. Miller:

When you start doing it any other way you're implying some system, you see. How are you going to do it without a system?

Dr. Seeley:

Well, you can't do anything without some structure, which again becomes a system, but it is not clear that you need anything like the mass system. It is the characteristics that spring out of mass that are devastating and objectionable. Decentralize it to something other than this nightmare state--textbooks, time schedules, forced attendance--in effect a modified prison system.

Dr. Miller:

I'm thinking about an old man I knew out in the plains of West Texas a good many years ago. He said that when he was fourteen years old, he didn't need school, dropped out, borrowed some money, and bought himself a wagon and a team of mules. He did very well, became a successful man, and became a very satisfied, fulfilled person in that system. But how many fourteen year old boys can drop out of school today and proceed to function with that kind of adequacy? That's just impossible.

Dr. Rhodes:

Are you implying that by staying in school they can?

Dr. Miller:

I'm implying that they have a better chance in spite of all the disgraceful deficiencies.

Dr. Rhodes:

We don't know what next year's research will show, but if you read books like Christopher Jenks' book, which is now redoing the Coleman report, there's some serious question that staying in school does any of that.

Dr. Miller:

I'm skeptical about that. I think his is a marginal set of data, data about a marginal condition in the educational system.

Dr. Haubrich:

Jenks uses the criterion of money. I think that Haskell is talking about benefits other than just money, aren't you? Jenks talks about payoff as cash payoff. He's really wrong there. There is a cash payoff for staying in school, but the system benefits people in other ways. However, I'd like to see larger numbers of uncontrolled alternatives available to kids. Alternative schools, as they exist now, merely involve another bureaucracy, a different set of principles, a different set of ideologies, but you get locked in the same battle all over again. One thing that was available, for example, at the time when we didn't have a public school system was a very clear concept of what work was and what an apprenticeship was. One knew what it meant to discipline oneself to another human being over a period of time. This is a very difficult thing to find today anyplace, and the school system in its very conception of time and space prevents that. I'd be willing to venture that there are many, many young people who would opt for an apprenticeship alternative, if they could have it, and I think that the idea that craftsmanship of even simple jobs requires a persistence and tenacity, and has a kind of emotional payoff, is something that many people don't know simply because the school offers no alternative along that line.

Mr. Fox:

Maybe the problem is that we've let the schools develop into such a monopoly that we've turned our back entirely on two virtues. The first is the virtue of competition, which would permit the survival of the system that best meets the criteria of the schooling system. The second is the virtue of letting that criterion be defined largely by the autonomous judgement of the children.

Dr. Haubrich:

I have absolutely no problem with the idea of a fourteen year old child laying out a plan, simple-minded as it might be, for a year or two of work with an individual in a craft or skill, or even a noncraft or a nonskill. But it's unthinkable to many people that we should allow that kind of freedom. I think it's a matter of realizing that youngsters do have fewer options than the man in West Texas did but there still are plenty there.

Dr. Rhodes:

We must then question the nature of man, because, if we allow the criteria to be set by the children, there are many people who are afraid that we'll have a *Lord of the Flies* situation--that they're natural cannibals.

Dr. Head:

There still is that undecided question of what there is in the true nature of man if you let him go. Does he become more civilized, or is civilization a function of previous civilizations?

Mr. Fox:

Well, if you give kids the choice of going to five different schools or of submitting some kind of program of what they'd like to do for the next two months, the kids who choose schools are going to be in a fairly ordered system. That system might, in fact, be more invidious to privacy and to autonomy than our present one. It would be one in which order at least looked to be voluntarily undertaken, in which it would probably be experienced as being less coercive than it really is. The question of whether we get to a *Lord of the Flies* situation, I think, somewhat overestimates the amount of control relaxation...

Dr. Head:

That's always been exaggerated. Both the media and the public tend to respond to a little shift as though it were all the way out to the poles.

Dr. Seeley:

One of the disaffected groups, especially among minorities, is the parents who would like to be able to say where their child ought to go, with more or less consultation from the child, depending on the internal democracy of the family. Now, nobody would suggest that we're going to have a *Lord of the Flies* situation with the children. The parents could pick one of seven schools that the kid could go to after talking to him, or after understanding him, but it would soon become obvious, with junior high and high school children, at least, that in modern society the child is not going to passively accept what the parents say in many cases.

Dr. Head:

I'm not questioning whether the alternatives exist, but whether or not one of those alternatives will be disbanded because of the *Lord of the Flies* aspect that it promises to raise in some people's imagination.

Dr. Seeley:

I think that's a real problem, especially when at some point you come to what is in one sense, Question One, namely: What about sex--for whom and at what age? Many parents are distressed about children having intercourse at unheard of ages, and refuse to admit that it is going on.

Dr. Rhodes:

There are two juxtaposed ideas that have been brought out here. One is that maybe it's the professionals who'd be the most threatened by the changes we're talking about. Secondly, the most threatening thing, apparently, is the sexual nature of the child. Then, apparently what you're saying is that, in your view, the professionals are the guardians of the sexual behavior of the children.

Dr. Seeley:

Unfortunately, the real concern and the real fright is about sex becoming gentle, that is, about love and sex becoming fused in the child, so that you no longer have the aggressive, *conquistadorial*, controlling, pioneering child who made this country. That is really frightening to people, that the children, both boys and girls, might become, in fact, transgenital polymorphs in the best sense, really sensual, loving kids. Even parents who accept a little long hair can't accept that--that the world should become loving.

Dr. Miller:

I think you have a good point there, but I have been thinking about the kind of Freudian bias that so often gets into our thinking. Whatever has been developed in human culture is seen as part of the superego phenomenon, and is probably bad because it contradicts the nature of man. There is an undertone that bothers me in so much of our anti-institutional thinking and conversation here, that says that civilization, human culture, etc., is bad, that man's nature is such that civilization is some kind of violence that he's doing to himself. That makes me very uncomfortable. I think that, limited, finite, evil and vicious as culture is, the development of this dimension of the superego is, at least, the product of a quest for values and meanings that is the significant thing about the human being. It's the one distinctive element in his existence.

Dr. Seeley:

It's not that we have to look to culture for the exfoliation of whatever's good in human nature, not that culture is the danger *per se* but that we object to the particular insanities of this culture which idolizes rationality, which is productive of alienation, sickness, etc. We try to deal with these problems at a superficial level, when the system itself is the source of the disease.

Dr. Cloward:

I have heard statements made that the school system is a custodial institution. That's true, in a certain sense. It's a place where people go in some regular way, and are supervised, if that's the definition of a custodial institution. I was sitting here thinking about my own high school experience in a small upstate New York town. I took a regular college preparatory program, and in retrospect I'm not so sure it was so terrible. I learned to read and write. In the field of mathematics I learned concepts that I've used all my life, in ways I never would have expected. My high school education did a hell of a lot for me, and I do not know how I would have acquired skills in math and in writing and have learned the principles of physics and chemistry without some organized tutelage. If I could have acquired it in some other framework that was a little less rigid, I suppose that would have been preferable, but I do not look back on that experience with any great regrets; I don't have a sense that I was in prison.

Dr. Rhodes:

I can recount my own experience, too. Just to do that is not to deal with the general system of the general problem, or to say that, as far as you're concerned, the schools have done a great deal for you and for people in general.

Mr. Keen:

I think that's not even the major problem. It's not what they're teaching in terms of the cognitive domain, it's what they're teaching in terms of the conative and the affective domain that really concerns me. The problem arises because of the criminal attitudes, the aggressive attitudes, that are in all of us, and which, because they are not permissible, are not dealt with in any creative way in the school system. Then they become bottled up and come out in a way which society can no longer tolerate.

Dr. Cloward:

But that's not a unique problem of the school system. That's a unique problem of maintenance of order. No institution will deal with violence creatively, whether it's the family system or the occupational system or the religious system or the school system.

Mr. Keen:

But how can we create institutions which will permit some level of at least psychological violence which can alleviate the need for continual acting out of violence?

Dr. Head:

Well, isn't there an institutionalized creative form of violence in sports, in which it is integrated with a sense of play?

Mr. Keen:

It's not enough.

Dr. Haubrich:

I think Dick's question is a valuable one and I must return to it. The difficulties we have today in schools are dealt with by a proliferation of individuals whose approach is "they're going to like it whether they do or not." Specialists within the schools, whether psychologist, psychiatrist, reading teacher, guidance person, or assistant principal, exist for only one reason, and that is control. With the larger numbers and the greater percentage of kids that are in school, we have no other way of taking that spectrum and dealing with it except in this kind of clinical, in-the-thing model. The aim should be to find that kind of schooling and community in which the two blend so closely that you move easily from one to the other. We've lost that in many communities that do not see the school as their own. The example that comes to my mind immediately is the one of the Indians that I happen to have had some experience with. They see the school as a totally alien institution. They will not talk in the institution, they will not respond--there's almost a total withdrawal.

Mr. Fox:

Isn't it a question of whether the schools have changed sufficiently? Let's take an example of any school in Harlem, where the teacher and everybody else involved spends nine-tenths of his or her day's energy trying to maintain order. Was that different thirty years ago?

Dr. Head:

There are books on personal experiences with pioneer schools where you couldn't get a teacher because the last one was killed by the students.

Dr. Seeley:

I think that was very different. In the first place, it tended to be on a small scale. Twenty or thirty kids ganging up and killing a teacher or making it impossible to secure another teacher, not a mass organization, or a mass phenomenon. I wish we could get some way to reframe the question because I think we're dealing with it out of context. If I hear this correctly, your two questions are being subsumed. One is: Was the school really bad? The other one is: Was it really that different from what I then expected, so that I thought it was bad? One of the things that's changed, you know, since our day, is that there now exists an independent massive and moving means of communication among kids. It gives them an independent notion of what it is to be a kid, different from what the parents and the school, in conspiracy, told them before. So, I don't care how far you go back. If the community, in effect, agreed that the kids had some rights against the teacher and therefore would drive certain kinds of teachers out, that was one image. On the other hand, there was an image in small rural societies where up to any age, if the teacher wanted to beat the kid, the parents and school and peers agreed that he or she had a right to do so. The sense of its not being my school could not arise; that's a function of discrepancy. With the advent of TV, with kid's magazines, with a market to sell stuff to kids and in a sense to heighten their consciousness, you have the entry of something completely new, in which the school will be judged on other criteria than what the older generation said was necessary for a child. In effect, the child has become partly self-defining, or has become defined through TV and the media.

Dr. Head:
Or partly becomes a citizen.

Dr. Seeley:
That's right, and under these circumstances, the problem for the school is different. Every four or five years you are encountering a new and different wave of children. Furthermore, the children cannot as easily be driven to internalize the views of the officials, and they therefore offer more resistance, which calls for more defense, which gives rise to this proliferation of supplementary order-preserving institutions.

Dr. Tracy:
Students are just one of several downtrodden groups that have been attempting to assert themselves and resist the power of the majority. Adolescent groups have done this; prison groups have done this; cultural minorities have done this. The enslavement of these groups occurs very early in their development, you know, in preschool or in the primary grades where kids are made to read. That's where they learn the literacy that enslaves them. Is there any way that children can be given an alternative?

Dr. Rhodes:
Sanford is shaking his head very strongly.

Mr. Fox:
Do you want to stop enslaving children by not teaching them to read? I must be hearing wrong.

Mr. Keen:

No, but you can certainly train them how to overcome the effects of this "socialization," how to exert actual political power. My favorite course was called "How to Bite the Hand That Feeds You." We should address the question of why strategies of politics and power change.

Dr. Haubrich:

The problem that I have with this discussion is that if you observe adults who don't read, they have an incredibly limited number of options.

Mr. Keen:

Don't confuse reading with literacy.

Dr. Haubrich:

OK, I mean an illiterate adult; he has an incredibly fewer number of options than a literate adult.

Dr. Tracy:

Right, but that is not to be confused with what happens to children between the ages of seven and ten, when they learn phonics and sight words. I think this issue will take us far afield.

Mr. Fox:

Well, I think it is an essential point, because John is proposing and Sam is providing some support for the notion that we reorganize things so that we can be in a perpetual state of power transfer, so that everybody who is subject to any kind of power is enabled, through some educational process, to bring about a transfer of power. Now, when I envisage that, a society in which everybody is given equal power to grab power from everybody else, I wonder if that is a democracy.

Dr. Trippe:
Somewhere I learned that as a definition of democracy.

Mr. Keen:
Exactly.

Mr. Fox:
If you are talking about teaching democracy and how to prevent abuses of the democratic process. that's fine, but that is not at all what I heard.

Mr. Keen:
That's how to seize power. That's the name of the game.

Mr. Fox:
All right, I guess I don't understand what you mean by seizing power.

Mr. Keen:
You certainly can't claim that this society is governed equitably in terms of the distribution of power.

Mr. Fox:
Tell me how in a democratic society, one democratically seizes power?

Mr. Keen:
You tell me how and when we voted vast power to the military industrial complex.

Mr. Fox:
In a democratic society you "seize" power through the ballot and through democratic processes.

Mr. Keen:

You might do it the way the civil rights workers did. You might do it the way the war marchers did. When democratic means fail, you use undemocratic means.

Mr. Fox:

But passive resistance is not undemocratic. Are civil rights marches undemocratic?

Mr. Keen:

No. I am talking about the whole strategy of power and of change. The point is that we keep people politically impotent by refusing to give them the tools to actually change their system, and we teach them this innocent rhetoric that in a democracy, there will be a natural distribution of power--which is a lie.

Mr. Fox:

No, that's not true. I don't know that anybody sensibly teaches passivity as the prime democratic virtue.

Mr. Keen:

They do. They teach that we redistribute power by the vote, which is not true in a democracy because money votes more than heads do. It is a pure fairy tale that one vote for one person is how we change things.

Mr. Fox:

But there has been an enormous change through the process of litigation on that one man:one vote notion.

Mr. Keen:

General Motors still votes more than I will ever vote.

Mr. Fox:

Well, you are not happy with the extent of the redistribution of districting and of representation. I suppose that anybody in organizations like Common Cause and a dozen others would be delighted to know a new strategy for reorganizing and redistributing the voting power without manning the barricades.

Mr. Keen:

Well, I see nothing wrong with manning the barricades.

Mr. Fox:

All right. Now we are back to what I think you are trying to say. We must remember that the processes of change are designed to promote stability as well as change. Now, you are suggesting that people be taught to man the barricades when they find that the process of change is not going fast enough or in the right direction.

Dr. Trippe:

I think that you are overreacting to the emphasis on violence.

Mr. Fox:

Those are violent words--"seize power."

Mr. Keen:

Stability may be a form of violence.

Dr. Trippe:

But, how about the right of the minorities to become majorities?

Mr. Keen:

Marcuse's point, which he has adequately demonstrated, is that very often stability is merely a frozen form of violence that the 'haves' use against the 'have nots.'

Mr. Fox:

You can't say that nonviolence is equal to violence, because then words loose their meaning. If stability is the same thing as change, then I guess we have to find a new vocabulary.

Dr. Seeley:

In talking about either of those things, the confusion lies in part in jumping between the ballot and the bullet as though they were the only alternatives. Somehow, you have not allowed for what is short of the bullet--disruptive behavior that brings certain processes to a halt in a dramatic political confrontation, but which stops short of killing anybody or maiming anybody. This sort of action is much more important than the general strike or violent rebellion.

Dr. Tracy:

Why is it all right to have confrontations in a courtroom concerned with due process and equal rights, but any time you have confrontation outside of that system, it is not considered fair?

Mr. Fox:

No, I don't say it's not fair. I am all in favor of civil rights marches. I just pick up different signals when somebody says "seize power."

Dr. Rhodes:

But you seem to say that anything beyond the ballot has a danger of escalating into the bullet and therefore we should not go--

Mr. Fox:

Oh no. Therefore is not right.

Dr. Rhodes:

That's what I hear.

Mr. Fox:

No. There are times when that risk is indeed worth taking. I suppose that the civil rights marches and those other demonstrations make it clear that sometimes the risk comes to fruition.

Dr. Trippe:

I think it is important for us to talk about what goes on between the ballot and the bullet. Sam was starting to discuss this, and I would like to hear some more.

Mr. Keen:

Well, I would like to know why those means are justified for the Blacks and not justified for prisoners. Prisoners are treated far worse than the Blacks were, for the most part. They are systematically dehumanized, degraded, deprived of hope, deprived of any kind of context in which rehabilitation is possible. Now certainly there is a need for teaching the strategies of power and change--there are many, I agree. Certainly I am not advocating guns until everything else fails, although there are cases in which I would advocate guns.

Mr. Fox:

There is sociological research to show that when you lock up fairly large numbers of people, you necessarily build into the environment that you dare create, a degree of apprehension about security which overrides all other considerations, including humanism, education, rehabilitation and all the positive things that you would like to see in that institution. The central question is whether anybody ever ought to be locked up, because once you do, you are committed to that degradation and lack of rehabilitation. We agree that there are too many people in prison, and perhaps there is a feasible way to release some part of the current prison population.

But you are making a point that when you put anybody in prison, you have got a relationship that is awful, and I am agreeing that it is awful, but I don't know an alternative. Once you lock anyone up, then you are committed to that awful situation.

Mr. Keen:

I don't know the alternative either. I am certain, however, that the people who are concerned with this, given the power, can find an alternative.

Dr. Miller:

I wonder if I understand what is being talked about here. I believe it was suggested that the process of socialization, of introducing the individual into the culture, puts him in a bind and is some kind of violence to him. I don't buy that. I think that is a pathological view. It seems to me that socialization is not altogether a negative thing.

We must, however, look at the kind of system we are operating in the socialization process. One option I thought I heard suggested was that since the whole business is a mess, let's throw it overboard and let's try to start afresh with something new. We can't predict what it would be. The other option is to use power to improve the present system. It is not so much a matter of "seizing" power, as it is a matter of our using the power which presumably our system makes available to us. This is not a matter of revolution so much as it is a matter of developing responsibility. I think there are still some options open to us within our system for doing better by minority groups, for doing better by children in the educational process.

I have had the opportunity to observe what is being done in programs for child care, socialization, etc., in some of the socialist countries. While everything is not ideal, I am impressed by the fact that some of them have gone pretty far in trying to set up nursery school care and various other kinds of care. Even the Kibbutz arrangement in Israel is an interesting possibility. I know there are societies that are doing a lot of experimental work in trying to give more sensitive attention to the needs of children. Maybe they are putting them in bondage in some ways, maybe they are breaking them up in some ways. I think, though, there is a trend in our own society toward putting a little more money into programs for preschool children and their care. While I know there are cynical overtones to such programs, they are a move in a direction that might have some potential value. In other words, I think there are options open to us for using power, and I think the failure is that people like us have griped about the system and failed to use the power and potentials that are available to us within the system. I am not ready to buy kicking the system yet.

Dr. Rhodes:

On that note, I am afraid we will have to close. This conference has been about service delivery systems, such as education, legal corrections, welfare and mental health. We have discussed the nature of order-preserving institutions, as well as the reasons for their proliferation. This group has addressed itself to the general question of what changes are needed in these institutions.

Sam Keen suggested that perhaps our basic problem is that we are still searching for mass solutions. Perhaps, he says, all the human problems we have talked about here arise from the loss of community, and the need to get small again. He said that, really, there is no way of curing this problem except on an individual basis. Large-scale solutions are, in and of themselves, our underlying problem.

Haskell Miller suggested that the systems--education, corrections, etc.--intentionally produce the human problems we are discussing and that deliberations about change have to do with ways for the system to more effectively select its victims and rehabilitate them, all in the name of the system.

Dick Cloward added that it is an old sociological assumption that the maintenance of stability and order in any human group depends on differentiating out certain classes of people, who are defined as deviant and whose degradation and stigmatization serves as a socializing experience for all of us, and as a reinforcer of self-esteem and prestige. He says that today we should work on maximizing tolerance and minimizing labeling.

The critical problem, John Seeley said, is an ethical one. The ethical problem is that particular insanity of Western thinking which idolizes control, which is equally happy if you have an efficient concentration camp or an efficient hospital. The test is to do it well, meaning efficiently.

Haskell Miller pointed out that the human care element in the existing institutions originally arose from the church and the relationship of church to individuals in need of cure. This intimate relationship has been lost as we have turned toward professionalization of care.

Vernon Haubrich replied that he feels the reason the institutions develop a distance between the caretaker and client is that this is the nature of the way people live in our society. However, he does not believe that greater intimacy of relationships leads to any lesser control. In fact the more intimate community may actually be the most controlling community.

Haskell Miller spoke about his uneasiness about the underlying implications of our criticisms of social institutions. Much of it seems strongly anti-institutional and almost claims that civilization, human culture, etc., is bad; that man's nature is such that civilization is some kind of violence that he's doing to himself. As limited, finite, evil or vicious as culture is, the development of this dimension of man is the product of a quest for values and meanings. This is the significant thing about human beings. It is the one distinctive element in his existence.

Sanford Fox believes that much of our problem in institutions is a product of our current situation. He contends that the general mood today is different than it was in the earlier history of our institutions. In schools of the inner city, for instance, much of the teachers' energy is expended in the desperate attempt to maintain order.

In general there were two, somewhat contradictory themes running through our discussion. One was critical of our caretaking institutions and the social context in which they functioned. In this theme there was a note of strident disavowal of the whole caretaking enterprise and the way in which it chooses its victims. On the other side was the theme of support and sympathy for the caretaking institutions and the plight they found themselves in with a disaffected populace and a phalanx of violent attackers.

FUTURES CONFERENCE: CHILD CARE IN A STRAINED SOCIETY

This conference was held October 30 - November 1, 1974 at the New Academic Village in Franklin, Tennessee.

Participants were:

Dr. Bruce Balow, Professor of Special Education and Educational Psychology, University of Minnesota, Minneapolis, Minnesota.

Dr. Paul R. Dokecki, Associate Professor of Psychology and Director of the Peabody Child Study Center, George Peabody College, Nashville, Tennessee.

Dr. Herbert Grossman, Postdoctoral Fellow in Special Education, Tufts Medical Center, Boston, Massachusetts.

Dr. Samuel L. Guskin, Project Director, Center for Innovation in Teaching the Handicapped, Indiana University, Bloomington, Indiana.

Dr. Jane W. Kessler, Director of Mental Development Center and Professor of Psychology, Case Western Reserve University, Cleveland, Ohio.

Dr. Everett Reimer, independent radical futurologist and author, School is Dead, Rio Piedras, Puerto Rico.

Dr. William C. Rhodes, Director, The Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Dr. Donald E. P. Smith, Professor of Educational Psychology, Director of the Office of Instructional Services, School of Education, The University of Michigan, Ann Arbor, Michigan.

Dr. Richard J. Whelan, Professor of Education and Pediatrics, Children's Rehabilitation Unit (UAF), Director of Education, University of Kansas Medical Center, Kansas City, Kansas.

PROCEEDINGS OF A CONFERENCE ON THE FUTURE OF CHILD CARE:

CHILD CARE IN A STRAINED SOCIETY

October, 1974

Dr. Rhodes:

The panel for this morning's discussion includes: Dr. Bruce Balow, University of Minnesota; Dr. Paul Dokecki, George Peabody College; Dr. Herbert Grossman, Tufts Medical Center; Dr. Samuel L. Guskin, Indiana University; Dr. Jane Kessler, Case Western Reserve University; Dr. Everett Reimer, independent radical futurologist and author; Dr. Donald E. P. Smith, The University of Michigan; and Dr. Richard Whelan, University of Kansas Medical Center.

This group has been talking for the last day and a half about the future of child care programs in the next ten years. We have raised some critical issues, made some predictions. This morning, we want to make some recommendations to those organizations and agencies which have responsibilities for child care (e.g., mental health, corrections, etc.).

Dr. Whelan:

One critical issue involves delabeling and declassification. While we deplore labels, I doubt if we ever are going to get along totally without them, as indeed, they do serve as a communication device. We would like to delete the labels which carry a stigma or negative value. But anything else we substitute is going to have to reflect real changes in practices, or else it will become associated with the same negative values. I wonder if it is possible to come up with a functional description. In working with our students, for example, rather than use the term hyperactive (although that does occur), we might ask, "In what way does the child act that leads you to use that label?" "Well, he's out of his seat three or four times every five minutes." Will we ever get to that type of description, and if so, will that be helpful in improving caring programs?

Dr. Kessler:

Conceptually then, you would be using the label simply as an adjective to describe some behavior. And implicit in the use of the label is the assumption that the behavior could be transient, that it could be caused by all kinds of conditions, that you are just describing functioning behavior. This view contrasts with the "disease model," a hackneyed phrase, in which the term is assumed to name a characteristic of the child, one that he is going to carry with him forever in some form or other.

Dr. Whelan:

Yes, you are describing what you see.

Dr. Kessler:

We tried to do that with retardation, but it didn't quite work out. Everyone simplified the term.

Dr. Reimer:

Would you need those labels if you took the kid out of the home, out of the community, and out of the school situation?

Dr. Whelan:

Can even a home function without labels? I don't think we can do away with labels.

Dr. Guskin:

The problem is distinguishing and segregating services, rather than the term itself.

Dr. Reimer:

I don't think a home would need a label for the child who is the most active in the family. Maybe they could call him "Cat."

Dr. Whelan:

That is my point, Everett. Maybe you could say that he runs around a lot.

Dr. Reimer:

But it would be a description rather than a label, a nickname rather than a label, and to me that makes all the difference.

Dr. Whelan:

That is what a label is supposed to do: to describe. But we have reified labels and used them for explanatory devices, and that's been our basic problem.

Dr. Grossman:

Also, the label indicates where the labeler's mind is at. For instance, some years ago if we sat around at a meeting, people would say where they were from. One would say, "I'm from the behavior disordered program," or "I'm from the emotionally disturbed program." The approach should be, if a kid is unhappy, let's make him happy; if he's angry, let's deal with his anger; if his behavior is such and such, let's deal with his behavior. Perhaps part of the problem is that we are offering to deal with the kid's emotion, when the kid's behavior is the problem. With another kid we deal too much with his behavior instead of his emotion. I think that it is helpful to ask the question: What is the problem? If it is emotion, use the word emotion. If it is behavior, use the word behavior. If it is poverty, use the word poverty.

Dr. Rhodes:

So what are you suggesting?

Dr. Grossman:

Face the fact that we are misusing labels and attempt to get agreement on which labels are reasonable, so we can continue to use a few of them. Don't try to conceptualize all kids within a particular model. Don't say that, because labels were misused, we should throw them all out.

Dr. Whelan:

Yes.

Dr. Grossman:

On the other hand, in the last thing I wrote, *Nine Lousy Rotten Kids*, there were no labels or psychological terms, because we related to the kids as individuals.

Dr. Whelan:

But your title labeled the children.

Dr. Grossman:

Yes, it did, but only sarcastically.

Dr. Dokecki:

Let me pick up and, perhaps, broaden the point that Dick made. Delabeling is a phenomenon now among professionals in psychology, education, and related disciplines, and even among lay persons. And there are a variety of social concerns regarding mainstreaming, deinstitutionalization, the right to treatment, and the right to education, which are leading to lawsuits. I am concerned that we get caught up in social movements without having the technology to solve the problems we are dealing with. It is one thing to delabel, and it's another to know where to go from there. To merely delabel is, perhaps, to leave us in a state worse than our original state. Some sort of coordination is needed between those people who dream the great dreams and think the great thoughts, on the one hand, and those who can get involved with the nitty gritty of working out specific programming to operationalize those great ideas. Without coordination, we run the severe risk of having a backlash in the educational community and among the parents at large. I think we may be on the verge of it today; there is a lot of "put it on the line," and "make it or break it," around mainstreaming and deinstitutionalization. Can we really produce? I think we better produce, or the situation with respect to the child labeled as deviant may be worse than it was several years ago.

Dr. Rhodes:

What is your specific suggestion then?

Dr. Dokecki:

Let's look at one domain. There have been so many legal cases. There have been landmark cases now with respect to the right to education, the right to treatment, institutionalization, mainstreaming, etc. There is a social movement, and legal buttons being pushed, but no machinery behind the button to carry out the law. So, one suggestion is to build structures in which the social engineers can work hand in glove with the psychological, educational, and other professionals, and get a coordinated concerted effort, an interdisciplinary effort. Not just the old interdisciplinary stuff, I hope. But I would like to see a legal-psychoeducational partnership, a building program wherein these kinds of people can work closely with one another. I think that would have some payoff. That's one specific suggestion in one specific arena. Other efforts are needed to coordinate such structures with the social philosophers and the historians who have pointed out some of the problems in our current service delivery systems. We must get those people hooked up with the on-the-line program personnel.

Dr. Balow:

Let me pick that up if I could, Bill. Paul is suggesting a planned approach to those problems. I'd argue that that might be neat and theoretically dandy, but in practice what is likely to happen is that we go by fits and starts. And one of the starts has to be the court cases that have occurred. The social system in which those court directives would be carried out is not a smooth machine, you know. It's not like putting the iron ore in one end of a mill, getting the rollers working and the blast furnaces going, and out the other end comes a nice piece of sheet metal. It is a much more herky jerky kind of process. Arguing that the system exists to carry something off doesn't mean that it is necessarily going to be directed to those ends.

Labels simply serve a bureaucratic function. The bureaucratic function is necessary. You've got to have order and a system when you have lots of people around. But we ought to be able, with all our wisdom, to find ways by which we can deliver money or services for kids without having to stamp a negative label across their foreheads. People have suggested ways in which that can be done. There are schools that function without any labels on children. I think one of the things that really needs to be done is to find some way to disseminate that kind of program.

I would support a recommendation to get rid of those labels, and then to institute practical, alternative systems.

Dr. Dokecki:

Dissemination is a serious problem. I had a very vivid example of this last week, when I served as an expert in the Willowbrook trial in New York. There was a man sitting on the bench, a federal judge, who has immense power to influence the behavior of great numbers of people: those who develop programs, those who control the purse strings, and those who operate programs. I heard myself, and several other witnesses, parade forth the evidence that most of us know from child development and educational research. I cited some of the Spitz work, from the end of World War II, that deprivation can lead to emotional, psychological, and even physical harm. Well, the judge was taken aback. Can that really happen? The knowledge has been on the shelves since '46, '47, '48. Getting it to this judge in '74 is the problem. The process of getting out information in meaningful ways and impacting this information on people that need to have it is something I really hope we will emphasize in the next ten years. We have taken that process for granted, and that time is over. And while things don't happen systematically, it helps to think about planning in a systematic fashion.

Dr. Whelan:

I interpret what you say in my own framework, for we have been working hard on coordinated state-wide planning and implementation. We are working with the state legislators, university colleagues, and local school personnel. Without coordinated planning, terrible things can happen. For instance, in my own state, mandatory legislation for children was passed. Services, if needed, have to be provided. And yet, there was not one particle of discussion about who is going to be there to train the increased numbers of people that will be needed. That's the kind of state-community coordination I am talking about--where you bring together those who work directly with children, teacher trainers, administrators, and those responsible for making the laws. This type of planning may not be successful. I don't know. We never really tried it.

Dr. Smith:

I wonder if the labeling involved in this sort of legislation isn't inherent in bureaucratic systems. Bureaucracies, like other systems, work most efficiently if they have only one product. Thus, the bureaucracy accepts, as raw material, our widely divergent children and standardizes them by the technique of labeling. Furthermore, caring for, which is the purpose of this system, brings out the paternalistic (i.e., dependency inducing) responses of bureaucrats. To summarize, then: a bureaucratic system uses labeling to gloss over individual differences, thereby simplifying its task; it reinforces the dependency behaviors of its clients; and, finally, it reinforces its agents for conspiring to increase its efficiency in such negative ways. Our task then, is to identify such destructive characteristics of systems and to build in antidotes for them.

Dr. Rhodes:

It seems to me Don is saying that the disease is in the cure we have set up, like iatrogenic medicine. We professionals and the paraphernalia are the problem.

Dr. Smith:

Yes.

Dr. Grossman:

Also we are misused, whether we have a label or not. Let's say we set up something special for the few kids who need something special. The kids out there in public school need something a lot different than what they are getting, but even if you made education really relevant to the life of those kids, there are a few who need something a little different from that, because of their life experiences, because they grew up a little different, because their genes are a little different, or what have you. So we set up this fabulous thing. It is now Special. Without a label or anything like that. A teacher has a kid that she's failing with, so she wants to put him in our Special. Our Special may not fit that kid, but we put him there anyway. We may be do-gooders, who are unwilling to turn a kid down. So we convince ourselves, "This kid is different so he can profit from Special." Or we could say, "She has 30 kids in her class. Why should it be ruined for 29 because of this kid? Let's give this kid Special." And we take him because we are do-gooders. He gets the wrong help, his teacher doesn't grow, and his school doesn't improve. Or, it could work in a different way. Let's say we set up a very special thing for disturbed kids who are so messed up that they are practically ODing on drugs. We have addicts from Phoenix House doing it, or psychiatrists, or whatever. Here comes Joe, and he is arrested for practically ODing on drugs. The judge says, "I have to send him to jail unless I can find an alternative."

But Joe just takes drugs because all the kids in the neighborhood take drugs. What does the psychiatrist have to do with him? Get him a nice job so he will feel good about himself, and he won't take drugs. But the judge says he goes to Special. We know Joe doesn't need the program, but we take him. So we build up a whole crazy system and Joe doesn't get what he needs.

Dr. Dokecki:

Where does that take you as an educational professional? Let's say we buy that analysis, and I think in many respects I do...

Dr. Grossman:

To the extent that we each operate on the basis of courage and integrity, we say "yes" when it should be yes, and "no" when it should be no. We then can confront the system with its inadequacy and hopefully it will spur change.

Dr. Dokecki:

Who in the system and through what medium?

Dr. Grossman:

That's a different level question. I'm saying that as long as we do the irrational, the stupid, the things that we hope will do some good but don't, there is no pressure on the system. We allow it to be screwed up and allow it to go on. If everyone suddenly said "No!" then we would have to do something.

Dr. Whelan:

Paul's question is entirely relevant, for he is asking who is going to wield the shovel to clean out the barnyard?

Dr. Grossman:

I agree with that, but what I am saying is that we won't solve the problem as long as the problem is not confronted.

Dr. Reimer:

One answer is that the courts are going to clean it out with suits. Instead of being afraid of the suits, let's get behind them to help the courts.

Dr. Whelan:

I think professionals have gotten behind the suits, have encouraged them, pushed them, and even instigated them in some cases. But the courts aren't going to solve the problem. They can only say that if certain things are going to be done, they must be done with due process.

Dr. Reimer:

But they are going to open up the problem by saying that here is a service that is owed to somebody and the service isn't there. That opens up the problem so that people can see it.

Dr. Whelan:

I agree with you there.

Dr. Dokecki:

I am impressed with how that can work. To give you one small example, I read the book by Geraldo Rivera entitled *Willowbrook*. Reading that book can make you physically ill: a 60 to 1 ratio, children living in their own excrement, and children literally killing each other. But when I got to Willowbrook, I didn't see anything like Rivera's description. They told me that courts said it shall not be, and lo and behold it wasn't.

I couldn't help wondering what I, as a psychologist, could do to bring about that kind of change. There is probably nothing I could do. But maybe if I worked hand in glove with the legal system, maybe something could be done.

Dr. Grossman:

That may be true, but the courts wouldn't have been involved unless a number of people in our society objected. People have to look at feelings of kids in a state school, in the back ward, or in a special education room. Is that kid in pain, uncomfortable? But a lot of people never ask themselves that question.

Dr. Rhodes:

I think you are implying that rather than working at the level of the structures of the laws and so forth, those individuals who work within those institutions have to do something with their own heads--have to do something with their own integrity.

Dr. Grossman:

Anyone who knows anything about what's going on must try to improve things in any way they can.

Dr. Smith:

These good things you are talking about are antidotes. The law is a very helpful thing, as is the self-awareness of professionals. This raised consciousness allows us to see all the misery we have turned off because we can't handle it all. These are all antidotes to a series of negative things which are necessary if you are going to have any bureaucratization. What I am suggesting is that we isolate all the kinds of things that can destroy people, that can reduce individual differences, and which are necessary outcomes of bureaucracy, and then, perhaps through laws, build in a mechanism supporting a counterthesis position, to serve as a conscience for these systems.

Dr. Grossman:

But if the government supported me in the counterthesis position, they would be unsupporting themselves. They would be unsupporting the system they are supporting. I don't believe that they are going to do that.

Dr. Smith:

Perhaps the only way we can continue operating this bureaucracy is to build in safeguards, to earmark a substantial amount of money which is not controlled, which is given to people who are rebellious in some way. Their job is to build alternative models, just to keep them going so that people within the bureaucracy, with raised consciousness, or who are looking for ways to solve problems, could look over there and say, "Oh, that's one of the things we could be doing."

Dr. Rhodes:

At least they would have a support system.

Dr. Smith:

A support system which does not control.

Dr. Balow:

The trouble with that, Don, is that the bureaucracy would be committing hari-cari. They would never bleed themselves slowly to death.

Dr. Kessler:

The counterthesis position would also be committing hari-cari, because once you get into that bureaucracy you are really undoing your own purpose.

Dr. Smith:

Now you've got another problem.

Dr. Whelan:

It would also be a salve for the guilt of the bureaucrats who are going to say, "We are doing these good things!" and then won't have to think about what they are doing the rest of the time.

Dr. Reimer:

But why not give the money to the legal aid program, or to the poverty program? Put it in the hands of lawyers, for clients who are interested in suing the bureaucracy to get the products the law promises. Isn't that the place for the money?

Dr. Balow:

But that's giving away power, Everett, and bureaucrats exist to maintain power.

Dr. Reimer:

I'm talking for the outsiders. I want to clarify this business of working with the lawyers and judges. Are you going to work with them to attack the bureaucracy, to open up its failures, to give the public more power, to give the client more power, or are you going to work with them to close the doors, to smooth things over, and to make sure that suits aren't brought where you're not ready to provide the service. Which kind of working with the lawyers are we talking about?

Dr. Dokecki:

We have given the people considerably more power in the last six years, since 1968. Most suits have come since that time. In the Willowbrook suit, for instance, the civil rights division of the justice department was involved. When I heard that, at first I asked whose side they were on, and lo and behold, they were on the side of the parents and children at Willowbrook. I breathed a sigh of relief. I still can't quite believe that that is happening right now. But it is.

Dr. Grossman:

It's not really clear that a lot of these breakthroughs are really progress. Let me give you just one example. In 1954, the desegregation decision came about. Eventually they began to desegregate schools. A lot of people who wanted that desegregation don't want it anymore, because of some of the things that happened as a result of desegregation. In the South, a lot of Black schools were closed. The Blacks and whites were going to the same schools. But its hard to find a Black football coach in Alabama; in the integrated programs there were none. There are no Black band leaders. The desegregation did proceed; however, this was at the cost of a culture, at the cost of alienation. The number of disturbed and retarded Black kids jumped tremendously. The number of expelled delinquent kids jumped tremendously. I think there is a very clear relationship between the desegregation of the schools in Alabama and the sudden passage of a law for mandatory special education. Now we are getting Black kids whom we call retarded, and putting them in special education.

Dr. Rhodes:

What are your recommendations and suggestions?

Dr. Grossman:

My recommendation is to be more realistic. I have asked a number of Black people why they are in favor of forced desegregation. Some of them answer that they would like community control of their schools and equal money. They don't want to be there with those crazy white people, but they can't get any money, and the school is falling down. And they want their kids to have a good education. Their goal isn't for their kids to mingle with white kids, but that is their only alternative.

Dr. Rhodes:

Well, what do you recommend?

Dr. Grossman:

I don't want to recommend a particular solution. I personally would favor each person having the right to run his life and have his fair share of the money. I recommend that the majority of people who happen to be white middle class give up a certain amount of power and a certain amount of money to people who don't have it--or they are going to lose it; the society will come apart.

Dr. Rhodes:

That's a note that has been struck in this conference by some participants--that the world is going to fall apart, particularly the world of caretaking structures. Everett, do you have something to say about that?

Dr. Reimer:

Well, I can explain my position. It's simply that the world can't stand the kind of growth that the human race has experienced. It can't stand even a human race of the size it has now attained. We're not sure whether the world can continue to support as many people as it has, at the current standard of living. But the fact is, this number isn't standing still; it's doubling, next time in 25 years, the last time took 50. The rate at which the average man uses up resources is doubling just about as fast. The technologies we use to dig these resources out of the ground are also multiplying, maybe even faster, so that the total impact of mankind on the earth is now increasing--is now doubling every five or ten years. And it has already reached a state where it threatens the atmosphere above our cities, and very soon, the atmosphere of the whole planet. Obviously, this rate of growth can't continue. We must stop the growth of the human race on all these dimensions: not just birthrates, but also affluence rates and technology rates. We must stop or radically slow down the rates, or expect catastrophe. Whether that catastrophe will come in the next year by an atomic war, which it easily could, or by massive starvation, which it easily could, or whether the whole thing grinds more slowly to a halt in 25 or 50 years--this we don't know; but we do know that the growth of the human race cannot continue.

Dr. Rhodes:
How is that related, then, to the more narrow concerns that we are dealing with now?

Dr. Reimer:
The growth of the human race today is not just an accident. It's built into our society, in two ways. First of all, we depend on science and technology. Ours is a scientific and technological society. This is true of the whole world, although America and Europe have taken the lead. This means constantly discovering more about the material world, being more amenable to human concerns, without really thinking about what that does to the rest of the world, to other plant species, to animal species, to the air, to the water, to the earth. Our dependence upon and use of science and technology is one of the engines that drives human growth. Second, growth is built in by our competitive organization. We are organized first into

nations that compete with each other for the world's resources. Within nations we are organized into competing corporations, competing bureaucracies, competing classes, and the result is that we, each one of us, competes with the other, as individuals, for better jobs, for better clothes, for more food, for more space, for bigger houses, for more of everything--for more of everything than there really is of anything.

The continuation of the present approach to child care simply means a multiplication of the resources that are thrown into that effort, a further growth of bureaucracies, a further growth of budgets, a further extension of specialization, a further development and multiplication of techniques. This multiplication is part of the total growth that I have described and it can't go on. We are close to the limits of the earth to support mankind; we are close to the limits of mankind to live with itself and to live with the techniques that it has invented. And the crunch that we are headed into will affect the child care program in the same way that it will affect everything else.

Dr. Balow:

Couldn't one argue, Everett, that it would affect those more severely, in that the poor, and the halt, and the lame, and the blind have typically had less with which to compete, less of a constituancy, and less political power?

Dr. Rhodes:

I think they will be worse off.

Dr. Balow:

In fact, they will go first.

Dr. Guskin:

Are you saying [illegible] should demand less service and fewer resources for [illegible] children we want to care for?

Dr. Reimer:

No, I am saying that all of us should prepare to live in a world that makes more measured and controlled demands upon the ecology, upon science, upon each other. If the human race is going to last without being reduced to ten percent of its present size, we have got to find a way to live within the limits which I think are now apparent.

Dr. Rhodes:

Well, Everett, Sam's question is just taking the logic to the natural limits. If what you say is true then we really have to start to cut back on services.

Dr. Reimer:

Right, but it is not just a matter of cutting back existing services, and making the present bureaucracy smaller; we must shift to a simpler life style. We must shift to a way of caring for children that is much more economical.

Dr. Dokecki:

I was just wondering if you believe "the medium is the message"--whether the application of science and technology must inevitably lead down bad roads. What if, in the future, we rethink our priorities and redeploy our knowledge and technology for human development ends? Will this inevitably lead to failure, because the application of knowledge and technology is a destructive approach?

Dr. Reimer:

I would separate science and technology. I think the continued emphasis on basic science, that is, on discovering and developing knowledge, is good. We may find knowledge that will help us; we do sometimes find knowledge that helps us, as well as knowledge that hurts us. But we have to be very, very careful about applying this knowledge. We have got to arrest the tendency to rush our knowledge into application through technology.

Dr. Rhodes:

In the past, that rush has been evident in the physical sciences, but it clearly has not been evident in the areas of psychology and education. The most often stated criticisms of research and development is that results get put on shelves, and they don't impact on children.

Dr. Reimer:

There are all kinds of technological innovations in the field of psychology that have been made in our generation. They are extremely dangerous. The use of drugs to control behavior is one example; the use of subliminal stimuli is another. Even the uncritical use of behavioral techniques (i.e., conditioning, techniques to control behavior) may be dangerous. The only thing that saves these so far from being major dangers to the human race is the fact that they haven't yet gotten very far--they aren't yet widespread. Potentially these pose a danger to the human race, probably greater than inorganic fertilizer, greater than atomic energy.

Dr. Smith:

I detect from this discussion a feeling that the enemy may be among us. Perhaps the enemy is us.

The fact that we are sitting here at federal expense, talking, makes me suspect that whatever we say probably won't have any great impact, because that is the way the bureaucracy has to operate. Perhaps one of the reasons that it operates that way is that we don't have any particular goal as child care workers. The bureaucracy has a goal, which is survival, continuation. But what is our aim? I heard earlier that the aim could be in the direction of making individual differences a possibility. Perhaps we could specify a goal that we are looking for, not particular differences but some specifications of environments that we want to produce, so that differences can be nurtured and grow and develop. Maybe we should be specifying some goals as an outcome of this meeting.

Dr. Reimer:

If I am at all right, not only can growth not continue, but we are near the limits. Then we can be very sure that, if not we, then our children, or certainly our grandchildren are going to live in a time of radical crisis--a time in which the present society will either have to be brought forcibly to a halt by a dictatorship that we can scarcely imagine, or a time in which present institutions simply crumble, go to pieces, and have to be reconstructed. And basically what we have to do is to prepare all our children to cope with this kind of world, with these kinds of problems--all of our children. This is a kind of a world in which those we now call handicapped children won't be more handicapped than other children. They are all going to be handicapped.

Dr. Kessler:

Is there an implicit recommendation in your statement for population control and further encouragement for the decreasing birth rate? It seems like that is a logical recommendation.

Dr. Reimer:

Of course, but population control as a single thing is a hypocrisy. The people who promote population control tell other people to control their population. But population control without affluence control and technological control is worse than a hypocrisy. It points the finger only at certain people and ignores the people who are guilty--those who promote the growth of affluence. The demand for more, that our society constantly promotes, is much more dangerous than a mere growth of numbers.

Dr. Guskin:

I see two different kinds of environments which you are suggesting. One of them is a simpler environment in which many of the children whom we now identify as deviant would not be deviant.

And the other is a more open environment. And I am not sure that the children we are concerned about are likely to survive in an open environment, one in which decision making is more complex, in which you have more options, in which the individual has to take more responsibility for making decisions.

Dr. Reimer:

Maybe I can't respond directly to your question. I am not talking about preparing children to survive under the tutelage of adults. I am talking about preparing children to survive as adults. Today's children, and tomorrow's children are going to have to face these problems, probably in worse form than we, and we must prepare them not to be protected, but to come to grips with the problems.

Dr. Grossman:

A number of different kinds of suggestions should come out of a discussion like this. One is the kind of suggestion that people are making about changing systems or changing environments. Another kind of suggestion deals with how the hell this can come about. In other words, why aren't good suggestions working?

I would like to relate a personal experience, which might indicate to people who would be curious why someone like me has given up working in a rational, pragmatic, nice way. I think, to some extent, I am a product of this society; by all rules and regulations, I should love America and the system. I had no money, and one day some people put some money together for people like me to go on scholarship to Harvard. Then I went on scholarship to Columbia, I went on scholarship to psychoanalysis, I even had an agency pay me half salary to write my first book. By the time I was 30, I was going to conferences, and felt that America was really great if a guy like me could do that, and I really believed it. But one particular event shows just the opposite, and if we can't deal with this event or events like it, there is no hope that these good suggestions can come about. In 1969 there were two series of conferences held on the vocational amendment acts, which provided a lot of vocational education money for vocational students. The reason this came about was that it was found that most of the money was going to middle class schools, where there weren't a lot of vocational education students and most of the people who were getting the money were not vocational education students. If I can remember the statistics, only five percent went to special education kids and only about five percent went to the economically disadvantaged. These two meetings were to set up guidelines for utilizing the money, so that it would definitely go to the disadvantaged and the handicapped. One of the panels was supposed to set up guidelines on community participation on where the money for the disadvantaged would be spent: Black, Puerto Rican, Mexican-American, etc. There were about fifteen of us in the room. And we got to talking about how the community should participate. All of a sudden, a person from the U.S. Office left, and a more important person, at the time, came in. A very well known Black scholar was talking. The person from the USOE interrupted the proceedings and said, "Those aren't appropriate suggestions."

The man looked at him and said, "We're the experts--you said we're the experts. I want to make some suggestions."

He said, "We didn't invite you here to make those kinds of suggestions."

The Black people and the one Indian got up and walked out. Surprisingly enough, the lobby of the hotel was full of Black people. A lot of them had walked out. It was their conference and they had walked out. They had a meeting and had decided to boycott the conference because they felt that their names and their reputations were being used, that the guidelines had already been decided on, and there was nothing they could do to make good input. They not only boycotted, but since they were politically astute, they wrote up their demands and their analysis of the conference. One of the things that they demanded was that their statement be sent, in addition to the conference report, to all the superintendents of schools all over the country. I finally got a copy of the guidelines because I was a participant, but there was nothing in there that in any way represented what we said, nor that the representatives of the disadvantaged had boycotted that conference. How can we deal with the fact that the people who are supposed to know something can't really get the ear of the bureaucracy, and if they disagree, it is kept a secret?

Dr. Balow:

So how did you deal with it?

Dr. Grossman:

Well, one of the things I did was, the next time I went to a meeting in Washington, I wore a T-shirt. That's how I dealt with it, at an emotional level. I would like to believe that if I have a reasonable suggestion, it would get a reasonable airing, because I like to see people helped and progress made. I can't believe it any more.

Dr. Dokecki:

I understand that Herb would like to drop out because of that experience. But I'd like to ask him not to drop out, because it is the articulate critic of the system who makes progress possible. I label myself as a 'systems evolutionary' type--a 'Consciousness Two' type; I'm in the system, I can't get out of it, but the evolutionists need the revolutionists to get some motivation for the system to change. I suggest that we build training programs for psychoeducational professionals to create a tolerance for the radical critical position, and maybe also create working relationships within and without the system between the evolutionists and the revolutionists. If that happened, it would be powerful. I recognize that there are many, many things that stand in the way, but I'd like to see us working on that: encouraging diversity, embracing critics of the system, and recognizing that they may have one heck of a lot to tell us about how we should be dealing with problems.

Dr. Balow:

I would welcome that with open arms; I would encourage anybody to make his point, and I would listen carefully, but I would not necessarily buy it. I do not think that because a person has been a delinquent, he necessarily knows very much about delinquency. Or that, because a person has been an addict, he necessarily knows about curing addiction. I would include the radical view with other points of view that I think are also necessary.

Dr. Kessler:

I'm hearing these recommendations as a trainer of psychologists and special educators. I think we have a new responsibility to train professionals to handle ethical and moral dilemmas. We have really avoided this area before. But right away our students are going to find themselves faced with conflicts between what is good for their profession, their own pocketbook, their own power, and what is good for the people who are their clients. We all train students to have a certain identity, and sometimes this professional identity becomes the end-all, be-all. We are not necessarily training them to care for people, and to advocate good services and decent treatment. Students don't learn what people with other kinds of professional training have to offer in the delivery of services. They become competitive within the profession, within the agencies. All this has to be brought out early in the training period, especially the moral dilemmas they are going to have to face.

Now in an ideal training program, besides bringing out these conflicts, I would stress their responsibility for their own knowledge. My job is mostly to tell them how to acquire knowledge--to help them learn how to learn. They remain responsible for their own decisions. They cannot hide behind the cloak of any bureaucracy. There is no way of forming laws or writing guidelines for licensing procedures which can possibly relieve the individual of responsibility for the basic caring job. And I have a nervous feeling about looking to the courts to decide our problems, because that is looking to an external agent. It seems to me that the solution is rethinking what we're trying to do in the training of professionals.

Dr. Guskin:

That's a very important point. I think that one of the important dilemmas that we face with the new care workers is: Shall they work with kids in categorical situations, in bureaucratically supported arrangements, or shall they wait for some future optimal situation?

Dr. Kessler:

I think you can influence the bureaucracy from the grassroots up. I don't really have many recommendations for those big funding agencies or policy makers. My recommendations are for those in the operational end of it.

Dr. Balow:

There are things people can do though. I support you, Jane, on that. I think that if one had money to be placed, I would certainly recommend that the power structure be exposed to some new ideas. The power structures in the schools are boards of education, superintendents and superintendent's office people--the administrative hierarchy. If you put one of your newly trained people with higher consciousness about problem kids into a system that is tight and closed and does not accept new ideas, that person is going to be just as faceless as all the rest in very short order.

Dr. Kessler:

I think what we have to do is to give them the strength and the know-how so that they can speak, they can document their point of view, and they can exert an influence on their own little microcosm.

Dr. Balow:

Your arguments are won on the basis of data.

Dr. Kessler:

Yes.

Dr. Balow:

But that isn't always true. There's courage--and guts.

Dr. Rhodes:

Why don't you talk a little more about that.

Dr. Balow:

We often point to past experiences where we have marshalled vast amounts of information that documents a certain position and presented it to people who are presently in a position to make decisions, and the information is not used, or the decision is contrary. I would much rather make an argument on the basis of data, but that doesn't always carry the day.

The other point I want to raise while I'm talking is that the issue of bureaucracy is an easy scapegoat for us. But I can't think of any group of people with whom I have had contact that isn't a bureaucracy. Perhaps we should go for smaller bureaucracies. Large ones, I agree, are terribly hard to move because there are so many layers. Things can happen in a bureaucracy--some good things. I do know there are people in administrative hierarchies who are good people.

Dr. Smith:

What measures of effectiveness do we have for child care workers? I see a tremendous amount of energy going into keeping bureaucracies operating, and very little energy going into taking care of children. The specialists I know, and I will include myself, evaluate themselves on the basis of the number of grants, number of publications, etc. Why not the number of children who are better off today than they were yesterday? We don't use that as a measure of effectiveness. And therefore our energies don't go toward that. They go into solving other problems, rather than into building better environments for children and for child care workers.

Dr. Balow:

But there are, there must be people who do policy level work and who make decisions in order to make things better for those who are doing direct work with kids. I will reiterate an argument I made yesterday, which is that one political decision in a man's lifetime can have more influence on children than a lifetime of direct work with children.

Dr. Smith:

I concede your point, Bruce. It's a good point. I would restate the original question. Where are the measures of effectiveness for child care workers? I haven't seen any. Where are the standards for what an adequate environment is, or what a healthy child is?

Dr. Whelan:

Don, your own work points to a good example of how that can happen. You have worked hard to develop such standards. But how do we disseminate that? And beyond dissemination, how do we get people to think in those terms?

Dr. Smith:

It's scary, it's quite dangerous to put goals out there. People are almost always afraid that, if you make a goal specific, everything will be aimed toward it, you will achieve it, and you won't be happy that you did. So you have got to be rather careful about what the goals are. That is why I am suggesting environments, or perhaps methods for achieving environments rather than particular behaviors of children as goals.

Dr. Dokecki:

It seems to me there are two dangers in that emphasis on evaluation and measurement. Management by objectives misses the point if there isn't a very important planning phase that precedes that. It's not just the attaining of any objective that matters, it is the attainment of the right objective, and what are the right objectives? I think that when we have trained people in psychology, special education, and education in recent years we have put so much emphasis on the technological aspects, the data oriented aspects, that we have ignored the thoughtful aspects. We ought to be able to understand the lives of these children in their community, and to do the kinds of needs assessment that tell us, in fact, what needs to be done. We have to work with the people who live in those communities in order to incorporate their perspectives into our planning and into our evaluation. But I see alarmingly little of this ability to plan and evaluate in the professionals we are turning out. In the future, already trained professionals, those who are training new professionals, and those who are funding the training of professionals need to put some emphasis on this reciprocal planning and evaluation.

Dr. Grossman:

What kind of skills and abilities and knowledge are necessary for those who train people to work with kids?

Dr. Dokecki:

My top priority, one that has been ignored, is the ability to go where the action is and to understand it where it is. You could call it an ecological perspective, that is, being able to go where the parents and children and teachers are, and not sit up in our ivory tower deciding on what the objectives ought to be. I call those "needs assessment skills," the ability to do an assessment of needs which takes into account the real lives and the needs of people.

Dr. Smith:

Is it clear that need is a measure of the difference between a goal and the present status? When we do a needs assessment we very seldom have any goal.

Dr. Guskin:

But the decision still resides within the professional; he goes out into the field and experiences it and decides what the problems and needs are. Perhaps it should be the task of parents and children to decide what they want and what they need. Then our job would be to provide alternatives from which they could choose. Perhaps the best way of evaluating the effectiveness of our programs would be to allow a choice, and to determine which option has been chosen most often.

Dr. Rhodes:

You have reminded me of what Jane brought up yesterday in our discussion; she was saying that the parents should make some decisions, and, of course, children should make some decisions. Jane was pointing to some rather radical changes occurring very fast in our society, for example, in the institution of marriage. It is a rapid change which brings up the questions of: "Who are the parents going to be in the next ten years?" "Who will make the decisions about children?" "Who will care for children?" I wonder, Jane, if you have any suggestions or recommendations.

Dr. Kessler:

I don't know how much I can add to what you have already said, except that it does seem to me that there is apprehension about the change in the value of children. People worry about the surplus population, and also about what kind of world that child is going to have to cope with, and so on. So a lot of people are avoiding this kind of commitment, with its worries and responsibilities. At the same time, a lot of people don't want to be tied down with the care of the young. We are getting many requests for additional services, for sharing the burden of child care.

There is also the question of to what extent it is completely the parents' prerogative to choose how they are going to manage or discipline their child. This is a whole new legal issue, the child's rights vs. parents' rights, which we haven't really resolved as yet.

Somehow, we really need to look at the world of children as it is now, to see what is missing in their environment.

Probably we are going to have to move in, not necessarily with new bureaucracies or institutions, but with new kinds of neighborhood facilities, places where children can go where people really want them, where they are welcomed, where they have some choices, where they have some responsibilities. Children are particularly going to need the feeling that somebody wants them, that they are needed, that they aren't part of a surplus population, and merely adding to the trouble. I know one eight year old who was listening to a doom and gloom television program; he was crying and was terribly upset because he felt when he grew up and got married, his wife would take pills so they wouldn't have any children and there wouldn't be any place where they could just stand and breathe. He was upset because he felt he shouldn't be around.

I really think we need another Montessori type childrens' home, only not for just such young children, and not for the mystique of Montessori, but a place where children belong, are needed and wanted, and feel some control over their own environment, and hopefully the outside environment.

Dr. Smith:
But why not every home a Montessori home? It seems to me that most of the problems of children result from the parental ignorance. Parents don't know what to do, they don't know how to do it, so they end up doing something that we say is bad. Do you see that parent training could conceivably bring about the better environment?

Dr. Kessler:
That's one thing we haven't talked about much in this conference: parents, the family, where they fit into this. The parents are the ones providing care, and hopefully love and nurture, for children. I feel that parents are having a hard time doing that.

Dr. Smith:
I don't think they know how.

Dr. Grossman:

To try and tie a few of these things together, I'm going to use a little illustration. I worked in a community mental health center for awhile, and it was decided to take the money we had to provide children and adolescent services for a catchment area, and ask the parents what their felt needs were. After several meetings, the major felt need was to solve the problem of drugs. But the guidelines said you had to provide a broad range of services for kids of all ages. So how can we do what the parents really wanted us to do. To use the little bit of money we had for the priority that those people wanted was illegal.

Dr. Whelan:

Do you mean that that would not be considered a broad range of services?

Dr. Grossman:

Yes, and the other problem was that the special educators, psychologists and social workers, didn't have that much experience with drugs. We could give them special education, special therapy, or something like that, but not what they wanted.

Dr. Rhodes:

Jane, what did you mean by providing a proper environment? You were talking about Montessori...

Dr. Kessler:

I was thinking of a place somewhat like the old settlement house, but with a different orientation. In all areas we need places where children are invited to come in, and where they can run the show, and achieve a sense of autonomy. Schools can do a lot to make the children feel wanted. With the parents, however, the problem is that they need so much themselves. They have often missed out on something, and even with the best education, they don't have the emotional energy to nurture children. So, the pattern, "I don't know how to help them with many of these problems, but I can cook them some good chicken soup!"

Dr. Dokecki:

You are talking about supplemental environments. Nowadays we talk about biological families, nuclear families, and intentional families. The literature in developmental psychology makes a brief statement that the ideal family is one in which children have warm predictable relationships, and experience a series of reciprocal and increasingly complex transactions. If you are interested in children, I would suggest that you don't concentrate on children but concentrate on the environments of children, i.e., the family. I see a trend in the future toward the delivery of services through families. And I would like to retard the development of institutions that, in fact, work against the family's ability to provide the kind of nurturing and care giving that is necessary for normal child development.

Dr. Kessler:

Such as what?

Dr. Dokecki:

Well, one example is early education. The approach to education is overly professional in the first five years of life, and is probably detrimental to children. Parents should be incorporated in a major way in the preparation of environments for children. I think that the families can provide the best environment for kids, and where needs must be met with a supplement, that supplement better not distort or destroy the impact of the family. The literature on the first five years of life that has grown out of research of the 60's shows that where we operate counter to the family's influence on the child, we will not only produce negligible measurable effects but even negative effects. We have to support the family. I agree with Bronfenbrenner's notion of ecological intervention which involves all aspects, from the direct laying on of hands on children, to welfare and social policies that influence the way families operate, and whether they can stay together and be effective for children.

Dr. Grossman:

Do you think that that will be a possibility to achieve within the next ten years?

Dr. Dokecki:

I hope so. In some ways it goes to the heart of our society. Our current set of values is not conducive to child development, family development, and community development. I think in the long run we need to work on the problem of values.

Dr. Rhodes:

Paul, could you state what some of those are?

Dr. Dokecki:

One of the key problematic values is the overvaluing of the individual, as in a competitive contest. Everett has suggested this, and I think this is a value that permeates American society, that works against the social development that is so important for young children.

Dr. Smith:

The survival of the fittest tradition?

Dr. Dokecki:

Yes, Social Darwinism is as alive and as well as it ever was in the Nineteenth Century. We too often overlook the value of the human as a social creature in a world of other social creatures.

Dr. Guskin:

Presumably you are talking about society at large and not about families of kids. The families of the kids that we are concerned about often do not have these values.

Dr. Dokecki:

I think it is both. I hate the notion of "either-or" solutions; I think there are a diversity of solutions. The critics are active and I want them to continue to be so. Maybe it will become necessary for some of the people in the service delivery systems to respond to some of the flak, and to redeploy some of the resources, and to restructure programs to be more responsive to family needs. There are a great number of children and families who need better care within our service delivery systems, but to emphasize only that would be a mistake, for I believe we would be working against the eventual restructuring of society in the ways that I have been talking about. There must be a parallel program of societal reform. But the thing about parallels is that the lines never meet. Somehow there have to be symphonically orchestrated processes, some of which are service delivery processes, others of which are systems change processes. And if we could ever get our joint acts together, we would be a very powerful group.

Dr. Grossman:

Who do you see making the changes? Do you see changes without a Watts happening or mass demonstrations?

Dr. Dokecki:

I don't happen to be a believer in the violent approach, however, observers of the scene have observed that violence has brought about change. People spontaneously won't make the changes for they are too self-interested and tied into their own situation. Some sort of planning is necessary for change to happen, and that involves groups rather than individuals.

Dr. Rhodes:

That argument is for centralization. There are other futurists who are arguing for decentralization. Isn't it true that planning should also go along with the decentralization of decision making?

Dr. Dokecki:

Is there a way to orchestrate decentralization? One of our needs is to live with people and not be overwhelmed by them, and that is a decentralized tendency. I would like to encourage that, but I don't see that it will give us the solution to the spaceship earth problem, either from an ecological or human development perspective. I think a centralized as well as diverse kind of mechanism is necessary.

Dr. Rhodes:

At the level of human services there is an argument for greater centralization of children's services, which means greater government control. But it would require a super bureaucracy, and there are many who say that it couldn't possibly work. What we have been saying about local school control, and the idea of the client having something to say, all seems in opposition to the kind of recommendation that you are making.

Dr. Grossman:

The problem of centralization has to do with the people that are being centralized. In other words, if we all came from the same culture and had common aspirations and looked the same, the people in government would represent us, because we would share a common background. In the United States it isn't that way. We have vast differences of culture; we live differently and think differently. I don't think centralization can really work because people can't really be represented properly.

Dr. Dokecki:

I would certainly agree. I don't think centralization can trample on the rights and privileges of persons. Obviously, I wouldn't build a centralized structure that would look like that. If you ask me what it would look like, I would say I don't know. I just believe that a structure is possible. Maybe we must build something into the centralized mechanism--something like a threshold or nonnegotiable demand that has to be some sort of mechanism to keep people from killing each other. I see that bureaucracies are necessary on one level to assure that a bare minimum is achieved in a planned, integrated way. And if it goes beyond that minimum, then we are probably treading on the rights of individuals. There is both a centralization and a sharing back that has to happen simultaneously. That is both idealistic and naive.

Dr. Grossman:
I think that there is a lesson to be learned from the intentional community that we visited last night. People living together need their own territory, but at the same time, they share in a centralized way. If you are sharing the kitchen, everyone has to put things away in the same place. So you need centralization. Maybe that is the real truth about America. We really need centralization with 200 million people, but we are individuals. To buy that is to buy one other assumption, which is that the majority way of life is not necessarily better.

Dr. Dokecki:
The history of Western civilization can be characterized by the theorists who believe in the one and by those who believe in the many.

Dr. Whelan:
It is the difference between planned regularity and unplanned irregularity. Our society needs both, but only rarely is the proper balance achieved by institutions which do to, for, and with people.

Dr. Grossman:
Now how in the world do you get people to buy the assumption that their way isn't the only way?

Dr. Whelan:
Well, Herb, anytime that a culture or a small group cannot generate the resources to do what they want to do,

they have to go someplace else to get the resources, and that is the crux of the problem. In revenue sharing, for example, you talk about decentralization and put the decision down at the local level. Well, some of the money has been used wisely and some corrupted. I really think the larger issue is distribution of resources to the have-nots. And that is what special education is fighting for. You knew what should be done at Willowbrook, but you had to get help from other sources.

Dr. Rhodes:

Well, we have made all kinds of recommendations and suggestions; Paul has brought out some themes clearly. In the next ten years the changes in children's programs and children's services may be due to an evolutionary approach, i.e., working within the structure to try to improve programs. It may mean more money, personnel, facilities and so forth. Another approach has been called revolutionary. By revolutionary we mean that something new is created, something that has not existed. You wouldn't be building on the present structures, but finding new ones. When Jane was talking about new environments for children, she was talking about something outside what we presently have.

Everett has brought out that there are social processes at work that are causing some of the problems that we professionals are concerned about. He sees it as a larger social process, as the population problem, and points to the limits on resources which hinder putting more money into children's programs. Also he suggested that maybe we have gone too far in technological growth. He has suggested that we stop expansion and work with less.

We have talked about two kinds of recommendations for working with children: 1) altering the systems that have responsibility for child care, (e.g., mental health, education, correctional system) and working at the system level. Others have talked about 2) getting down to the individual level. Herb has brought out that he feels professionals do not maintain their own integrity. We should begin to train our professionals in terms of ethics and morality.

Jane points out that there are some conflicts between guild needs and the needs of the client system in which the professional is serving. The professional may have to side against the guild needs. In general, these are the recommendations that have been brought out. Has anything been left out?

Dr. Whelan:

I wouldn't want to see us get trapped into a dualistic framework, Bill. There are some times that I like to think of myself, depending upon the issues, as a flaming revolutionary, and at other times as a conservative. I don't like to be tagged. I don't know what liberal and conservative means when other people use those labels. I try to ask such labelers to explain how they are using the labels, and what they mean to them. After that, there is at least a chance for constructive communication.

Dr. Grossman:

I would like to say something along the same line. I feel that if the people who work within the system and do the daily jobs don't do the right thing, then what is left is going down the drain. I don't like that, I would like people to do the job well. That's the only hope.

Dr. Kessler:

You don't really want to be labeled.

Dr. Rhodes:

And that is the note on which we got started. We were talking about delabeling, and the declassification of children, and now we are talking about not having ourselves as professionals put into pigeon holes and categorized, particularly on a dichotomous basis, because there is within each of us the flaming radical as well as the conservative.

FUTURES CONFERENCE: SCHOOLS, MELTING POT, AND DIFFERENCES

This conference was held in February, 1975 at the New Academic Village in Franklin, Tennessee.

Participants were:

Dr. Rue Cromwell, Director of Research, Department of Psychiatry, University of Rochester, Rochester, New York.

Mr. Peter Marin, former Director of Pacific High School and Fellow at the Center for the Study of Democratic Institutions in California, Santa Barbara, California.

Dr. Jane Mercer, Professor of Sociology, University of California at Riverside, Riverside, California.

Dr. J. R. Newbrough, Professor of Psychology and Coordinator for the Center of Community Studies, Peabody College, Nashville, Tennessee.

Dr. K. Daniel O'Leary, Director of the Child Psychological Clinic, Stony Brook State University in New York, Stony Brook, New York.

Dr. William C. Rhodes, Director, The Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

Dr. Bernard Rimland, Director of the Institute for Child Behavior Research, San Diego, California.

Dr. Frank Wood, Department of Special Education, University of Minnesota, Minneapolis, Minnesota.

PROCEEDINGS OF A CONFERENCE ON THE FUTURE OF CHILD CARE:

SCHOOLS, MELTING POT, AND DIFFERENCES

February, 1975

Dr. Rhodes:

I'm Bill Rhodes, and I am Director of the Child Variance Project. A group of experts has been meeting together for the last three days, talking about the future of programs for children in the next ten years and about current issues in the field. Based on this discussion we have begun to propose some recommendations to funding agencies and to professional organizations with regard to programs that should be set up for children with special problems, i.e., those children who may be labeled emotionally disturbed, mentally retarded, or delinquent.

On the panel are: Dr. Frank Wood, who is in the Special Education Program at the University of Minnesota; Dr. Bernard Rimland, who is Director of the Institute for Child Behavior Research in San Diego, California; Mr. Peter Marin, who is the former Director of Pacific High School, and also a Fellow at the Center for the Study of Democratic Institutions in California; Dr. Rue Cromwell, Director of Research in the Psychiatry Department at the University of Rochester; Dr. Jane Mercer, Professor of Sociology, University of California at Riverside; Dr. K. Daniel O'Leary, Director of the Child Psychological Clinic at Stony Brook State University in New York; and Dr. J. R. Newbrough, Professor of Psychology and Coordinator for the Center of Community Studies at Peabody College in Nashville, Tennessee.

Dr. Mercer:

It seems to me, Bill, that one of the major issues facing education, and particularly special education, is the changing attitude of various cultural groups toward the public schools. The historical pattern in public education has been that the schools are the culture bearers for the Anglo-

American English-speaking culture. During the Nineteenth Century and the first part of this century, schools saw their primary function as that of Americanizing the children of immigrant families--teaching them English, acquainting them with Anglo institutions, literature, and cultural tradition, and, in a sense, assimilating them into the melting pot.

During the last century, for the most part, immigrant groups accepted these goals and activities of the public schools. However, one of the major things that has come out of the Civil Rights Movement of the 1960's is the protest by Chicano groups and Black groups, who feel, as citizens of this marvelously pluralistic country with many different cultural groups, that the public schools should be more representative of their cultural groups--that the curriculum should be more democratic culturally, a cultural democracy.

The Lowe decision made in San Francisco by the Supreme Court just last year establishes the right of children who come from other cultural traditions to be educated in the public schools in a fashion which takes into account their cultural backgrounds. This case concerned an Oriental child, and it was declared that he had a right to be educated in the language of his origin. But how will this decision be interpreted in the future? Does this mean that the child will be taught in his native language until he can learn English, essentially a transfer program? Or, does this mean that the schools will be obliged to provide bicultural education so that a child can be educated throughout his entire educational career in his own cultural tradition as well as in the Anglo-American cultural tradition? This issue becomes critical to special educators because the instruments, the assessment procedures, and the definitions of what is deviant have been built to conform to the model of the Anglocentric school. It is the child who conforms to the Anglo model who is seen and defined as normal; the child who does not conform to that cultural tradition has been defined by IQ tests, achievement tests, and various procedures as being deviant. Therefore, we have disproportionate numbers of Black and brown children who have been labeled as mentally retarded or deviant, and who have been put into special education classes.

This has become a very critical issue, and now the cultural groups who have been defined as deviant are protesting. How are special educators going to address this demand for cultural pluralism, for a more diverse educational system? The protest against special education has brought to our attention the clear disadvantage a child from a different culture faces when he is placed in the public schools.

Dr. Rhodes:
This is a profound decision because it changes the whole melting pot concept, doesn't it?

Dr. Mercer:
Well, it would seem to. It seems to be saying that the dominant group doesn't have the right to wipe out the cultural traditions of every other group that inhabits this continent, and that it's time that the schools represent all their citizens. Of course, it is a serious dilemma.

Dr. Wood:
I would suggest that within the Anglo culture there are some major differences in cultural life styles that also need to be recognized. We are interested in increasing the capacity of the public schools to respond to the different needs of different kids. They may all come from Anglo homes, but the aspirations of the parents and the children from one home may favor a traditional kind of education, while from another home they prefer a more open kind of education. This has some implications for the way we look at differences within the general population. There are differences other than those that relate to national history or ethnic background.

Dr. Mercer:
In a sense you seem to be proposing that there be special education for all children.

Dr. Rimland:

There are so many different groups. In San Francisco, where the Lowe case was started, there are Orientals. Among Orientals, you have the Chinese and Japanese, among others. In the San Diego area there are groups of Filipinos. In other sections of the country you have Mexicans, Puerto Ricans, Cubans, Italians, Poles--all of whom are very proud of their cultural backgrounds. It would be rather difficult to really be pluralistic if you want to include all these various subgroups. I would hate to be a school superintendent who was confronted with having to provide a program culturally relevant for each of the subgroups that we have mentioned in the last ten minutes.

Dr. Mercer:

I'm not sure that is really as difficult as you might think. Obviously the public schools can't provide special programs for a half dozen children, but if there were a certain percentage of the children in a particular school from one cultural tradition, and the parents asked the school for a more diverse program, it seems to me that it would be feasible. Already public schools are experimenting with alternative education programs in the public school. In one school district, which has perhaps twelve elementary schools, one school might specialize in one type of program, another in a different type of program, and the parents have an option, within the district, of sending their child to which ever program they prefer.

Mr. Marin:

It all sounds so neat, hygienic and tidy. But, let me raise a few objections. First, if you have an instrument which was designed to create a homogeneous culture, it is a mistake to assume that you can easily adapt it to a pluralistic culture. It's like trying to get a car to fly; I don't think it will work that easily. Every one of the rituals in a public school, including the way they divide up time and space, the way they ritualize relations, the way they control behavior by ringing bells, the way they demand attendance--every one of those rituals is designed to destroy any alternative base of strength, solace, or sustenance except the institution. These rituals were designed for a homogeneous culture, and can't be adapted to a pluralistic culture. Secondly, the mysterious subgroup which controls the institutions really doesn't subject itself to those institutions. The people who can afford it, presumably people with money and power, don't go to the public schools and they don't go to the public colleges. They go elsewhere. The schools are always designed for people without power, and they have been designed to deprive them of power. Finally, I question the idea that you can use a school to create and maintain a culture. There is no evidence that you can do that. You can use a school to destroy a culture, that's quite clear. But I think in America it's questionable whether we have ever been able to create and sustain values in the public school system. If we were able to do that, I don't think we'd be in the fix we're in now. Schools can only suppress and subdue people. Pluralistic, rebellious, or self-protective groups in the culture are making a terrible mistake if they think they can use the schools to protect themselves; quite the opposite is true.

Dr. Mercer:

I couldn't agree with you more. I don't think there's any way that the public schools can make a culture viable, if it is not itself a viable, living tradition. There's no way that schools can preserve a culture or keep it alive. However, if it is a viable living tradition, there ought to be a voice for its members, who pay taxes, who are involved in the public schools, but who do not happen to be English-speaking groups. Let me make it clear: I don't think anyone is arguing that English should not be spoken, or that the mainstream culture should not be preserved. We're talking about multicultural schools, where several groups participate. I really don't see any reason why this isn't perfectly feasible in a place like, for example, East Los Angeles, where most of the population is Mexican-American, where there is a very vital and living cultural tradition. Why cannot the public schools include that alternative in their program?

Mr. Marin:

The tradition is viable and living in East Los Angeles because the group has maintained its own traditions of child rearing, its own tradition of relationships between the old and the young. If you try to ritualize and institutionalize those relations through the public school system, which is itself expressive of another tradition of child rearing, you may be making a terrible mistake. In the public school, the teacher's role, the student's roles, the competitive relationships between persons, the way in which the individual is expected to act, the very definition of reality is directly antithetical to what you'll find in a Mexican-American culture. If you really wanted a public school education to sustain that culture, or even to permit it to exist, you would have to design it from the ground up.

Dr. Rimland:

It seems to me, Peter, that you may be overestimating the extent to which the parents want the schools to support their own idea of what the culture should be. Maybe all they really want is that the schools not erode too fast the culture they're trying to engender in the child in their home.

Mr. Marin:

Well, I think its eroded as soon as the kid goes into the classroom. They can't help it.

Dr. Rimland:

There's no doubt about that. On the other hand, maybe the rate at which this erosion takes place could be minimized if the school people, particularly the programs and the teaching materials they use, were sensitive to the culture and were very careful not to ridicule it. Most parents are very reluctant, understandably so, to send their child to a school where the values and ideas that those parents hold dear are subject to criticism or ridicule. Maybe they are just concerned that their culture not be torn down by the teachers whom they pay.

Mr. Marin:

I'm suggesting that the teachers don't tear it down, it's the rituals. Look at it as if you were an anthropologist. It's the deep structure of the schools which is destructive to that culture. It doesn't matter how the teachers behave. It doesn't matter what the kids learn. If you take that kid and teach him Mexican-American values and the Spanish language in that setting, with those rituals, you'd be tearing down his culture just as quickly as if you were teaching him English. It doesn't make that much difference.

Dr. Rhodes:

Nonetheless, isn't multiculturalism a step further than we've been in public schools, and isn't it true that this experiment is really under way; it's not just pie in the sky?

Dr. Mercer:

In the past, the schools have literally destroyed the Mexican-American culture. The children were punished for speaking Spanish on the playground. There was not even toleration; it was a literal destruction. Now, an institution where the children could become literate in their own language, where they could read and write in Spanish as well as in English--

Mr. Marin:

Well, I think that's naive.

Dr. Wood:

One of the issues is whether the schools, as they're currently organized, are going to be able to make the changes to implement these court decisions. Let me just mention a few things that seem to make it questionable in my mind whether the public school, currently organized as a large school district serving an entire community, is going to be able to make some of these changes.

School enrollments are dropping, and this means that there is an oversupply of professionals in the field. Teachers are being laid off, and you're left with a smaller and smaller faculty, many of whom are quite anxious about the future of their own positions. They tend to be older and they represent points of view about education from twenty years ago. That may be stereotyping, and not completely fair, but I think it's true to some extent. The faculties are becoming a more homogeneous group. At the same time we are asking the schools to provide a more varied program and to meet the interests of a larger portion of the population.

Recently, people have been raising real questions about the values of different approaches to education; each approach--the structured approach, the open approach, the free approach--has its own advocates. But no one of these points of view represents a majority position in most of the communities that I'm familiar with. This problem is a little different from the problem of cultural diversity.

Dr. Rhodes:
It's ideological diversity.

Dr. Wood:
This kind of diversity, it seems to me, must also be recognized in order to meet the needs of many people in the schools. Over the years, I've been involved in school programs in Minneapolis. There they are trying to increase the range of alternatives available in the school system. This has been done with considerable success at the elementary level. Without going into a lot of detail, in one area of the city there are four elementary schools, each of which has tried to implement a different form of educational structure. One is a traditional program; the second is a continuous progress format, somewhat ungraded but with a strongly academic program; the third is an open program, similar to the British primary schools, where the children have an opportunity to choose among a limited range of alternatives; the fourth is a free school, where the effort is made to draw the curriculum from the children in the school.

That has been successful at the elementary level, to date. But with the layoffs and cutbacks we've mentioned, I wonder whether they will be able to maintain that program in the richness that it needs. The plan has been much less successful at the secondary level, where the school is organized as a larger unit. There, the parents representing these different ideological points of view, and some of them are almost cultural, have struggled over the school for about ten years. Sometimes the open school faction has won out; sometimes the structural faction. In both cases, I think the programs implemented were good for some kids, but were not good for other kids in the community. Some students benefit from openness, but some young people in the community need a more structured school. If they don't have it, it's not school to them. I think it affects their identity. The question is: How do we get diversity in the school during a period when there is a tendency to contract and constrict programming for economic reasons.

Dr. Cromwell:
Can't you have this kind of variability within the same school building, from classroom to classroom?

Dr. Rhodes:
Such as the mini-schools that you talked about?

Dr. Mercer:
The mini-high school? In Evanston, Illinois, about eight years ago, they divided Evanston High School into four different high schools, each with its own name, located in a separate part of the campus. This was done primarily to group students into smaller units but the same thing could be done to provide diversity of programs.

Dr. Wood:
That has been our hope. We have been partly successful at the junior high level. I don't see much evidence of

success at the senior high level. It may be the way we've gone about organizing it. We must have some way of translating those court decisions into a reorganization of power within the schools, so that, at least within the big school districts, there can be different kinds of schools at all levels. Maybe they can be in the same building and co-exist, I just don't know. But we've got to move in some direction. I have been considering the possibility of a voucher plan, or some other way of refinancing the schools. Within the schools, as presently organized, there is a real stand-off between highly organized teacher groups, administrators, parents and students.

Dr. Rhodes:

In the past, you have been an advocate of public schools. Does this mean that you have changed your mind about public schools?

Dr. Wood:

I have begun to lose faith, particularly at the secondary level, that we're going to provide the range of options that we need. I do believe in public support of education. I don't want to move in the direction of private schools patronized exclusively by the well-to-do, with the rest of the population left to struggle in the public schools. But because of the change in the size of enrollments, and the resulting layoffs of teachers, I've gotten very discouraged. Will the public schools be left with enough flexibility to make the kinds of changes and adaptations that need to be made? It looks to me like we're going to have to go outside the public schools in order to keep them from closing up on students. I'm more open today than I was several years ago, to considering private or voucher-supported public schools for those of my children who are still of elementary or secondary school age.

Dr. Rimland:

Maybe a general principle might be pulled from all of this. As times get tough, as they very definitely are now, survival becomes uppermost in our minds, and the public school system might very well consider what it needs to do to survive. Historically, those individuals, species, organizations and organisms, tend to survive which have the capacity to be adaptive and flexible. There are two forms of flexibility which recommend themselves, based on our discussion. One is the flexibility that Jane referred to when she talked about cultural pluralism. You have to provide options for different cultural groups. You also have to provide ideological educational alternatives. The school system is going to have to recognize that they can not monolithically decide what is good for all the kids, and ignore the demands of the consumers. Within the same school system there should be a number of options available to parents and children, preferably within the school.

Another way of resolving these problems might be for the school to recognize that each of the various cultural groups has its own customs, and should be celebrated. Maybe all the schools could respect and celebrate the Blacks, the Chicanos, and any other cultural groups represented in the area. That way, kids would not only learn that their own beliefs and ideas are valuable, but also that those of the other groups represented in the school are valuable.

Mr. Marin:

I must ask you again: If the public schools were originally designed to create a homogeneous culture, and we are now opting for a pluralistic culture, why in the world are we trying so hard to adapt this instrument, which was designed with one purpose in mind, to other purposes? Why do we presume that this is the best way to do it? If we were to design a system, beginning from scratch, to preserve, sustain and build a cooperative, pluralistic culture, we might not come up with anything which looked like the public school system.

Another problem, that we have not yet mentioned, is that one of the institutions which controls public schools is the teacher college. You can't teach unless you've gone through a particular kind of rigid training. So, not only can't persons send their children elsewhere, but people are not allowed to pass on their own knowledge to other people or become responsible for the young without having first subjected themselves to a particular kind of institutionalization. Therefore, it is almost always true that a child is being put in the charge of persons who have been trained in a particular way, with a particular kind of allegiance to large institutions.

If we don't want a homogeneous culture, why in the world are we required to put our children into the state's hands, and into the hands of a state institution which has particular concerns not necessarily in the child's best interest. The schools are designed to form a particular kind of character. They will form the same character if they teach Spanish, English, Chinese or Swahili.

Dr. Rhodes:
The cultural overlay may be different but not the basic goals.

Mr. Marin:
That cultural overlay doesn't make any difference. We have all been to graduate school; some have learned sociology, some have learned psychology, some have learned English, some have learned French, and some have learned German. Nevertheless, the experience of graduate school remains fundamentally the same unless, for instance, they send you out into the field as an anthropologist. Otherwise, graduate school is graduate school.

Dr. Rimland:
You mean, we're all alike sitting here.

Mr. Marin:
Culturally, we are indeed, more or less, alike.

Dr. Mercer:

I don't think that we want to do away with the cultural mainstream. But I don't think we can maintain an American society unless we have a common language and a common basis for communication. That was the original purpose of the public schools, which it has performed magnificently.

Mr. Marin:

That's debatable. You understand that it was one of their original purposes?

Dr. Mercer:

It depends on how you read history.

Mr. Marin:

Let's read it in a complicated way.

Dr. Mercer:

A primary reason for setting up the public schools was to foster assimilation.

Mr. Marin:

Let me ask another question. If children already know English, why in the world should they have to be acculturated? If the school is designed to bring people into the mainstream, to read and write English and have certain values, why do they have to be subjected to this endless process of mainstreaming if they're already there?

Dr. Mercer:

I don't see socialization of children ending when they are five years old, Peter. It goes on for the rest of their lives. It's more than just being able to read and write.

Mr. Marin:

But the question is: What kind of socialization is the school equipped to perform, and do those of us sitting here really give our heart-felt approval to that kind of socialization? As far as I can tell, it produces good soldiers, and not very much more than that. There's a great deal of socialization and acculturation that goes on outside the schools, which seems to be much more rich and interesting. Why does that richness never make its way into the schools?

Dr. Rhodes:

Would you be more specific? Are you advocating doing away with the schools?

Mr. Marin:

I'm advocating trying to rethink the whole nature of education and socialization, from the ground up, and imagining it in visionary terms so that we can decide for ourselves whether or not the schools, as we have them, or as they're likely to be over the next decade, are the best ways to accomplish our goals for the young.

Dr. Rhodes:

I see.

Dr. O'Leary:

Peter, I understand what you're saying, but what are you advocating?

Mr. Marin:

I am advocating something quite specific. I suggest that rather than thinking only about how we can adapt the existing schools to our values, we think from the ground up, from scratch, which would be the best institutions to accomplish our purposes. If we had a vision of what was desirable, as opposed to what was possible, then we could measure what was possible on the basis of something we accepted as desirable. The very existence of schools limits what we are willing to imagine. So we're making the best of a bad situation, which pragmatically we may have to do, but while we do that let us also try to remember and keep intact some vision of what a good situation would be.

Dr. Mercer:

Peter, will you describe what you see as the best possible situation? It's easy to understand what you are against.

Mr. Marin:

We're just going in circles. The thing I'm curious about is what any of you perceive as the best, as the most desirable situation.

Dr. Rhodes:

Well, Jane has implied that cultural pluralism within the public schools is not possible.

Dr. Mercer:

I think it's naive for us to sit here and think that we can start from scratch with a new set of educational arrangements when we have 200 years of history behind us. We must attempt to modify the institutions we have. I believe we can build diversity within the public schools.

Mr. Marin:

Well, I think it's equally naive to think that the schools, which have 200 years of history behind them, can be adapted to what is fundamentally a new and visionary idea about American society. It's like trying to get the Catholic Church to recommend birth control. There are certain things that certain institutions are not likely to do very quickly.

Dr. Mercer:

Yes, that's where the difference lies, in our feelings about the possibilities for change and reform within the public schools. I think it is an immensely flexible system. I've seen many changes in the last ten years that I find truly remarkable.

Mr. Marin:

On the basis of people I have seen fired from schools, and on the basis of things I have seen done outside the public schools, I think that's mistaken. When you work, as some of us have, with children outside the public schools, and you see what kids are like in a noninstitutional setting, it is like seeing animals out of the zoo. I've seen animals in a modern zoo where they don't keep them in cages but keep them in rather large pens with concrete mountains and man-made pools. That's precisely the way that the schools seem to me, with exactly that kind of artificiality. They have nothing at all to do with the free-wheeling, vital behavior of persons who are outside institutions. So when I come into the institution and someone says: "Look what we've done with it. See how open and free it is.", it doesn't look to me open and free at all, and I fear that I am one of the few remaining persons who has some idea, whether I'm mistaken or not, of what open and free really means.

Dr. Rhodes:

In a way, Jane has revised our view of the public schools. We have looked at public schools as a central system with a central method of teaching, a central process of socialization. But Jane is saying that this has changed suddenly and radically, over a short period of time. And she believes that more change can be accomplished by setting up multicultural schools and by diversity within the schools.

Dr. Mercer:

Yes, and perhaps we should consider exactly what would be implied in doing away with the public schools. The only alternative that has been proposed has been the voucher system.

Dr. Rhodes:

Frank also doubted that the public schools could accomplish that diversity.

Dr. Wood:

I don't think that the court decisions in themselves will produce the result. I've been following the desegregation thing for ten or fifteen years, but the court decisions have not integrated our society effectively.

Dr. Rhodes:

In offering an alternative, something other than what we are doing now, we have mentioned a voucher system.

Dr. Cromwell:

But what are the alternatives specifically? You've described how to go about pursuing an ideal alternative, but what are the alternatives? Also, would you propose a common exposure of any kind, or are you suggesting separate experiences for children entirely? This really hasn't been addressed.

Mr. Marin:

The rich do offer their children separate educations, but I have never heard the rich complain that their child had too many options, or that by going to a Montessori school or a Steiner school they were not being socialized the way they would be in a public school. It's peculiar that it is only when we come to talk about the poor or the middle class, we worry about socialization. I have rarely heard a parent say that they won't send their child to Harvard because they want him to go to a state college and be like everybody else. All I'm suggesting is that there should be ways to offer the poor person and the middle class person the options which the rich have always taken for granted.

Dr. Rimland:

All right. You're implying, then, that the rich do have the options that everyone should have. Is it your impression that the effects on the children of the rich are so desirable that others should be given the same opportunity?

Mr. Marin:

I think if all persons had the same options, that sense of privilege would disappear.

Dr. Rimland:

And you think it's the education they've received and not their parents' money which has made the difference?

Mr. Marin:

I think it's what the money can buy that makes the difference.

Dr. Rhodes:

I think Peter is not too far from Jane in stating that things aren't what they used to be in the public school. You have all pointed out that the public school has to change due to the different court decisions. Frank agrees with Peter that public schools are not the answer any longer. Rue is concerned with specifying the alternatives.

Dr. Wood:

I see that the resistance to change, the inertia, that exist within the public schools, and that is being intensified by economic factors, is so strong that the schools will not be able to remain as flexible as they are right now--in spite of court decisions. Court decisions have to be implemented by the schools, and they won't be able to do that.

There are undoubtedly people within the schools who would like to be more flexible, and would like to accomplish those changes. But the question is: How can you provide a structure that facilitates change? One possibility is the voucher system, in which parents are provided with a voucher that is worth money to the school, and they have the right to give it to the school of their choice. This method would be especially good for older kids, who ought to have some opportunity to say what kind of school they want to attend. A combination of public and private schools, supported by vouchers would also provide teachers with an opportunity to teach in these different kinds of schools.

Dr. Rhodes:

What would a voucher be, Frank, and how would it work?

Dr. Wood:

I visualize a free market system. That makes me shudder sometimes because some of the strongest advocates of the free market type voucher system have been people who want to support a school that's very different from the kind I want for my youngsters. On the other hand, parents should be allowed to decide what program they prefer. Alternative types of voucher systems have been proposed, with stipulations and requirements. You could only use the voucher for schools that will do particular things. I don't think that would get us where we want to go. I prefer a freer system. We should do a lot more experimenting than we're doing at the present time.

Dr. Rimland:

I'd like to throw out a proposal that may horrify Peter, because it stays within the public school framework. Suppose you take a high school that has three or four thousand students, and you decide to arbitrarily break it up into four sections, A, B, C and D. The teachers within that school at the present time could decide which of four philosophies, procedures or methods they prefer. It would operate like four colleges within a university, or like the Oldsmobile, Buick, Chevrolet and Pontiac divisions under General Motors. They are all under the same leadership, but each one can express his own philosophy.

Dr. Rhodes:

But Frank has suggested that such a system couldn't work in the public school systems.

Dr. Rimland:

Why couldn't these schools be in the same building, with the same teachers?

Dr. Cromwell:

I'm surprised that no one has brought up the analogies to the medical and legal profession, that is, doing away with schools altogether, and moving the profession of education into the private practice or group practice.

Mr. Marin:

People are already moving toward tutors or groups of tutors rather than schools. We teach Karate that way, we teach music that way. It's true that you have to be able to afford it, but if you began to analyze what was actually learned and where it was learned, you might find that as much was learned privately as in schools. Certainly, this is true of music. The public schools have used the teaching of reading and writing as an excuse for monopolizing the time and effort of both adults and children. I don't think there is any reason why teachers shouldn't be perceived as therapists, with certain professional privileges, and the right to practice any way they want. A large clinic would correspond to a large public school. It certainly should be there for the people who want it. But also there would be small group practices and individual practice.

The resistance to this kind of plan is not just ignorance or habit. Institutions have not developed the way they have for idle or careless reasons. If you look at them with an anthropological eye, as if the people who designed them had a particular purpose in mind, you suddenly understand that this defense against change is not just the result of economics or teacher politics. It is not just that there is a vested interest in keeping the institution alive. That's part of it, of course, but the other part is a caste of thought that is so deep and so profound, that it becomes really impossible to perceive certain alternatives as being acceptable. People who monopolize education have been trained, generation after generation, in schools of education. If you wanted to rethink education, you should go to a sociologist, anthropologist, chemist, or physicist and say, "If you wanted someone to really learn your field, what kind of education would you design?" Nine times out of ten, it wouldn't look anything like the public schools, or even an adaptation of them.

When you suggest dividing up a school of three thousand into quarters, you are left with groups of seven hundred and fifty. My experience with adolescents is that they function best in small groups of sixty persons, who have total self determination of what they do and how they do it. Furthermore, the best place for most adolescents may not be school at all. Certainly the dropout rate indicates that. Maybe they ought to be at work, or traveling. When you think about education for an adolescent, you have to think not just in terms of the best kind of school, but also of what a person who is fifteen, sixteen, seventeen or eighteen should be doing in the world that would be useful to him.

Dr. Rimland:

I just used four sections as an example. You could divide it into fifteen sections, some of which would contain five or six students, others might contain 20 students or 300 students. If the parents in the community found that sections of kids out in the community, rather than in the school room, were effective and could accomplish their goals, those sections would grow and thrive. If the sections that embody the principles that you dislike intensely, the traditional approach, did not thrive as well as the others, presumably their parents would abandon those programs and shift to the others.

Mr. Marin:

We should be talking about several things at once. First of all, if the voucher system would give parents a real participation in the choice of schools, rather than a supplicatory role, I would have no argument with it. But the fact is that the voucher system alone won't change the hold schools have on persons. You can't get by in America, especially in bad times, except by going to college. Ultimately, the only kids who really will thrive are those who take academic subjects and do well enough to go off to college. There is no way to radically change anything about education unless you talk about radically changing a good many other things in the community. In the Black community, if a child drops out of school, he ends up on the street being picked up by the police for drugs or crime, or he goes into the army. There really is nothing else for anybody to do. Your suggestion, taken alone, would simply add to the numbers of children who have that kind of choice. Perhaps we need to rethink in a more general way precisely what it is we want for persons and how to get it.

Dr. Rimland:

I object to this idea of rethinking as the sole solution. It seems to me that what is needed is not only thinking but some experimentation. The plan I suggested, which I am beginning to like more and more, is really a voucher plan except that you are not throwing away these massive school buildings which already exist, and you are not throwing away the expertise and welfare of hundreds of thousands of teachers who already exist, who have some very good ideas and would like to have more flexibility. This plan need not involve a piece of paper to be cashed in. People could vote with their children. They put their children in this program rather than another one. I think it's much less radical and easier to implement as an experimental first step rather than the voucher plan as it's usually conceived.

Dr. O'Leary:

I think that Peter is right about encouraging flexibility by simply having three of four alternatives.

Dr. Rimland:

Or seventeen?

Dr. O'Leary:

I doubt that seventeen would occur. You would have sort of an open wing and something else, or three or four alternatives. There is not pressure for that much flexibility but there is enough pressure to encourage change.

Dr. Rhodes:

What does this mean for children who are called exceptional?

Dr. O'Leary:

I deal primarily on a private practice basis or in the state university clinic with kids that are bounced out of school or kicked into special classes. The parents certainly do consider the alternative. Does he really have to go to school? But they don't really have a viable alternative. If he isn't in school, the attendance officer is going to be there and you are going to get a fine. If it were a small school, to which the parents returned the chit, and the kid didn't happen to be making it, they could try another school. And if neither of those schools worked for him, they might then consider that school might not be the appropriate alternative. It would be worth while for him to try something else, like a semi-trade program. In that sort of system, a lot of people would be making it in the mainstream who are now seen as real deviants.

Dr. Rhodes:

How do these changes, such as the voucher system, affect the so-called exceptional children?

Dr. Mercer:

The voucher system is one mechanism for increasing diversity in education, and for promoting cultural pluralism. It's not certainly an end in itself. Such a system would encourage the public schools to shape up and become more concerned about the consumer.

It would be a capitalistic, free enterprise educational system. I think the voucher system has a lot of potential, and I think changes need to be made, but I don't think they are going to be made without court cases, without external pressure. There are major problems with the voucher system, however. Suppose that each parent were to receive a chit that would be worth $900.00, the cost of the average daily attendance in a California school district. Unfortunately, that $900.00 does not begin to cover the cost of the capital equipment that is involved in the educational system as it now stands. We have an investment of millions of dollars in our public educational plants. What would be done with this if we adopted a free enterprise system? Also, it would be a long time before private schools would be available, so, in fact, there would not be many alternatives.

However, the major problem I see with the voucher system is that a highly stratified public education system would evolve, much more stratified than anything that is now in existence. The wealthy would take their $900.00 chit, and they could put another $1,000.00 or $2,000.00 with it and they could go buy themselves a very expensive education.

Mr. Marin:

In Chicago, half of the children are religiously schooled. Yet, despite that fact, Chicago is not unlike Detroit in terms of homogeneity. So, maybe the effect of widespread private schooling would be less frightening than we think.

Dr. Mercer:

That, of course, raises another issue: the whole issue of separation of Church and State. When such a law was being considered in California, one of the major issues raised was religious. Could public money, in the form of a chit, be spent for private parochial education?

Dr. Rhodes:

Yes, but that is implicit in this whole idea of cultural democracy.

Dr. Mercer:

Then we would have to go back and rerun the Supreme Court decisions. I am just raising these questions to show that this is not a simple matter. And also, I would like to go back and emphasize another point which we need to contemplate. An unanticipated consequence of the voucher system would be a highly stratified, elitist educational system, beyond anything we have ever had in the past. It would be highly segregated, racially and economically. Within the present public school, of course, there is socioeconomic segregation because white people have gone into the suburbs to escape the central city. But there has been a trend against that. For example, the desegregation court orders that you mentioned.

Dr. Rhodes:

It isn't working, Jane.

Dr. Mercer:

In some communities it is working. We can't write off that social experiment. I think we write things off too soon. There are communities in which desegregation has resulted in both socioeconomic desegregation and racial desegregation. But with the voucher system, parents could very easily separate themselves socioeconomically and educationally.

Dr. Wood:

We have to balance the cost and the gain. The kind of educational experience that some parents want cannot occur in our present physical plants. They have been built for a particular kind of educational experience. The plant you need depends on what you teach. There have been some very expensive, elitist private schools where the plants are quite inferior.

One of the things that has persuaded me to move in the direction of vouchers has been the successful experience of the alternative schools at the elementary level, providing acceptance, even pleasure, delight, in a wider range of behavior in schools. I think that the alternatives are really essential. What is described as problem behavior in an open school is very different from what's described as problem behavior in a traditional school. I have seen kids whose self concept could have been saved by having the option of moving from one situation to another.

We have had the experience of some teachers who are intellectually very much identified with a particular alternative but who really don't carry it off very effectively for all of the children in their room. Once you introduce the idea of alternatives and options, there is less defensiveness about children moving from one teacher to another. What one teacher does very well may be excellent for some children, but there are other children who can really be destroyed in those rooms. I don't see ways of maintaining or introducing that kind of flexibility in the schools of the future unless we get out of our present patterns of concentration of funding and concentration of power. I recognize the dangers of elitism, but another alternative could be that people decide that they want the society to vary along some dimensions other than income, and that there is some reduction in the range of wealth in this society. It is not just the schools that we are talking about, but a whole network of institutions. I really do think that if we are interested in individuals being preserved and having their lives enhanced in the system that we have to have a greater range of alternatives than have existed in the traditional schools.

Dr. Rhodes:

You see that this kind of alternative would reduce the number of problems that are seen, because the setting produces the problem.

Dr. Wood:

Yes. For example, we have kids in the free school who are no problem, who in the regular high school program have been regarded as chronic truants, trouble makers and so forth. They are not trouble makers in the alternative situation; they are participating fully and getting a lot from it. Those kids have really been saved.

Dr. Mercer:

This experiment in your public schools in Minnesota seems to have been successful at the elementary school. I could cite some in California that seem to have been quite successful. Why do you feel that it can't be successful? I find it difficult to understand why you feel we must go to the voucher program. In fact, you are a living witness that we have reason to believe we can modify what we now have to allow for alternatives.

Mr. Marin:

I would like to answer that because it is a serious question. For a school district to even adopt such a proposal, usually more than half of the people in a school district have to want it. That's a special problem with massive school districts. Anybody in a particular school district who wants to begin a minority, pluralistic or a separatist school, has to wait until at least half of the people in the community are willing to do it. In many communities the range of the public opinion shifts back and forth so often that the system would open up and then close three years later.

Dr. Mercer:

Do you know this to be a fact?

Mr. Marin:

Yes, I know it to be a fact.

Dr. O'Leary:

There are exceptions to that.

Mr. Marin:

Perhaps. But in my town, even though there are certain available options, none of them really suit my children or myself.

Dr. Mercer:

I don't think that every possible option that any parent might ever want, could be provided. I think that there has to be a realistic limit.

Mr. Marin:

I think it's quite possible. I believe in Denmark where 50 parents get together and agree about a kind of school they want, the state understands its obligation to merely fund the school. It has no more authority than that.

Dr. Mercer:

I would agree that if you could find 50, that would be about right.

Mr. Marin:

One of the problems about the schools' control of education, even in the situation you are describing, is that the school controls two essential things. It controls who is hired as a teacher, and it really does control the relationship between the adult and the child. Now, look at those two things carefully. If I want to teach as the system is so constituted now, I have to be hired by a school district; I have to be educated in a particular way. I don't merely have to prove certain competencies, I have to have certain degrees and credentials, and those available in only a few places and ways. That is the kind of monopoly which I don't believe ought to exist.

If I want to be a Montessori teacher in a private school, I need only go to Montessori training school and open up a Montessori school. However, my Montessori school can only accept as students those who have $1,000.00 a year to pay for Montessori training. We could make it possible for many more teachers to operate if every parent had that $1,000.00 a year to spend. It may cost much more than that to run a public school, but private schools do manage to keep themselves going with such a tuition.

Secondly, no matter how we change teaching techniques in the public school, the relationship of the student to the teacher is one which is perpetually broken at the end of the semester or at the end of the year. As a lawyer or psychologist, no professional would accept the state's right to intrude that way upon a professional relationship. If two people are getting along, learning from one another, happy with one another, it ought to be their privilege to continue their relationship as long as they want and in any way they want. If they decide to go to Mexico together, they ought to be able to go to Mexico together. If they decide to move to Utah, they ought to be able to go to Utah. There is a privilege in that relationship which should not be subject to state and institutional control. Now, in any alternative school system which has been described, the state still monopolizes a terribly intimate and crucial relationship in a way that we would never accept as psychologists. That's why we like private practice rather than certain kinds of institutional practice--because there is more freedom. Freedom is essential to learning; it is essential to human relationships.

I suggest that the simplest way to restore freedom would be to allow those persons who did not want to subject themselves to the control of institutions to be able to avoid it. You don't have to go in the army, you don't have to go to church; there are many things which you don't have to do. Nonetheless, in education, we assume that if you want to learn anything or teach anything, you have to subject yourself to the rule of the state.

Dr. Mercer:
You don't have to go to school to learn.

Dr. Newbrough:
What is really the purpose of the schools? It seems to me that the purpose of the school is to enable people to live

in the community. And yet, we claim that the basics of education are reading, writing and arithmetic, which have very little to do with living together in the community. These have mainly to do with developing abilities to operate in an institution and abilities to communicate. So, we have an interesting paradox in American education.

The schools in America are organized like factories. But what do they produce? They produce teaching. There is a great deal of rhetoric about learning, but in fact, they produce teaching. I would submit that if one were interested in the production of learning, the person to have control over that should be the learner, not the teacher. This would yield a very different idea about the nature of learning and what should go on in the schools, when the means of production does not reside in the schools but rather in the learner.

When I hear talk about what parents want and what the schools want, it sounds like battling over a chattel. I hear, in effect, a political argument about whether the child's fate is to be determined by the parents, or the state. Where is the role of the child? Clearly, the child's role becomes critical in adolescence--perhaps even earlier. Perhaps therein lies the problem: at adolescence learners are no longer prepared to submit to the learning and teaching environments to which they have been subjected. They are now in a position, presumably, to exert some of their own influence. Perhaps one should give the voucher to the child. Or tear it in three parts; give one to the child, one to the parents, and one to the school, and then work out some process of negotiation between them.

Dr. Mercer:
At what age would you give the voucher to the child?

Dr. Newbrough:
Twelve.

Dr. Mercer:

You are suggesting that the elementary schools provide diversity from which the parents would select. Then, at twelve years of age the kid would have the voucher and could go shopping for the rest of his education.

Mr. Marin:

My children have always had the privilege of choosing where they go to school. In a way, many children accomplish this because they refuse to behave in schools that they don't like. Most of us, when we are looking for a nursery school, take the child along. We would never think at that age of asking our child to go to a school that he or she didn't like. I don't think it is a choice children abuse. One day out of every week or two my kids will say, "Gee, I want to stay home." But you don't get a massive resistance to going if they like it and have a pretty good time. Most children make choices sensibly.

Dr. Rhodes:

I wonder if I could move us to another topic. I think we have pretty well covered the public school--changes that are going on now and the kinds of changes we see as possible, or desirable. There are other changes in the life styles: changes in family patterns, changes in the marriage contracts, changes in the way in which we look at divorce, and so forth. How does that effect the kind of child we are talking about, the problem child, the exceptional child?

Dr. Cromwell:

I have asked the question of myself: What changes could be made in services for children beyond the school system? That leads to another question: What is the best environment for a child? One answer is that an environment is good if the child has happy adults around him. Perhaps adults should not be focusing upon learning better child-rearing practices, but should be focusing on themselves in greater pursuit of happiness, some greater self understanding, or self consciousness. Looking at it that way, one can then do some radical thinking with regard to the role of our living styles, the role of marriage, the role of divorce. Divorce is generally looked upon as morally bad, and yet we have a very high divorce rate in this country. Frequent divorce is a reality which can be viewed without moral judgment--or even with positive moral judgment.

When parents get divorced, the typical thing which someone says is "Oh, that's too bad for the children." But what if the children have been in a miserable environment with miserable parents? Divorce can be viewed as one of our very valuable naturalistic intervention tools in the interest of children. Children can be removed from a miserable and unhappy environment with divorce. While one thinks of the effects as negative, divorce may be the one factor in a bad situation which produced a positive change.

But I am concerned about the way our laws of divorce operate. A child too often has to experience an abrupt change in his environment. Currently, a judge looks at evidence and makes the best decision he can as to custody of the child. There is no gradual transition in the environmental situation. The value judgements which go into this decision may or may not be the best psychologically. How does one decide the best and most valuable environments for children?

Dr. Wood:

Perhaps we need a voucher system whereby the child could shop for parents.

Dr. Newbrough:

Some people are suggesting that we train parents to train children. They say that perhaps the family is an alternative to the school, at least at the preschool level. I like that idea because I think that the school has been given too much responsibility. Families, however, should not be defined narrowly: namely, people who are married, who have some blood relationship, who live together, who can get loans, who function as a primary living group.

Dr. Rhodes:

Basically a biological family.

Dr. Newbrough:

It ought to be possible for people to band together, to voluntarily form a living unit where they take some responsibility for each other and perhaps for the children. The report of the Nick Hobbs project asserted that children ought to have the right to live with people and feel wanted.

Dr. Rhodes:

The Nick Hobbs project?

Dr. Newbrough:

The Classification of Exceptional Children Project. One question they asked was, "What are the rights of the child?" I would like to see the question expanded to all age persons. You ought to be able to live in a group where you feel wanted. You should not have to live in a home short of resources.

Dr. Rhodes:

So you see a necessity for moving to a broader conception of the family group?

Dr. Newbrough:

Yes, but there are economic barriers to the formation of such groups. Why, for instance, does one person have to work 40 hours a week? Would it be possible for two people to split up the job, each working twenty hours a week, and still get the same amount of money? Or could three people divide up the 40 hour week? In other words, is it possible for a group to contract work rather than an individual? If that were possible, groups could get together more easily, and there would be time for the adults to be with children. I think that is absolutely critical.

Dr. O'Leary:

If we could convince some businesses, industries, or the government to allow a husband and wife to split a job, we would be moving in the direction of allowing some diversity in the role at home.

Dr. Rhodes:

I think it's now possible in some places.

Dr. O'Leary:

Well, in our university we have a few examples, but a university is a unique and deviant institution. I am thinking of the real industrial economy--car-making and so forth.

Dr. Newbrough:

And it is usually limited to husbands and wives. Suppose two women are living together.

Dr. Cromwell:

A job is filled by a person with certain qualifications. It's hard, though not impossible, to fill a job with a couple or small group--whether it be a man and woman living together, or two females or two males living together or not living together--who can fulfill the requirements of the job. In many industries and universities, because of the continuing high salaries and the drop in budget there is active movement toward planning a reduction to a 35 hour work week. There is no reason why jobs cannot be invented which are 20 hours a week, or fifteen hours a week. This would create some flexibility in our economic situation.

Ultimately, however, individual income and the distribution of wealth may not altogether rely on jobs. Why isn't it possible for productive primary living groups to have assurance of adequate income from society without it being connected to the specific employer? Why can't the well-known methods of behavioral science be made available to the unemployed nonproductive so they may gain psychological control of this aspect of their own lives?

Dr. O'Leary:

Could you give an example?

Dr. Newbrough:

Some countries, like England, have family allowances. If you have a certain number of children in the family, you get an allowance as your right.

Dr. Mercer:

Perhaps a guaranteed annual income?

Dr. Newbrough:

Yes, I think we are moving to that when we are faced with a postindustrial society where only about ten percent of the workers may be needed to do production work. How does one support the rest of the people? There is a major distribution problem.

Mr. Marin:

This is a traditional idea. At certain times and in certain places in the past, anyone who planted was expected to tithe ten percent of the crop, which went to the poorest people in the community. That was long ago. The old free cities in Italy used to control the price of bread so that the poorest person in the city could eat. The communal responsibility was to provide a minimal living for all persons, and the money was not considered an income, or earned money; it was a function of community. The community produces a certain amount of wealth, and is responsible for sharing it among all of its members.

Dr. Mercer:

It's similar to food stamps.

Mr. Marin:

No, no! It's altogether different from food stamps--to be able to go into a grocery store and get your bread, just to get it, not to ask for it, not to stand in line, not to be given the stamps. We are not about to do anything which doesn't fit into the old way of doing things. So, you have to buy the food stamps. It's all very peculiar.

The idea of community is different from the idea of consumerism. The fact is that if my community produces something and I belong to the community, it belongs to me by right. It isn't given to me. I shouldn't have to stand in line for it, because my father worked for it and in the future my children will work for it. Even if I happen to be momentarily out of work, I worked for it last year. I will work for it next year. It's mine by right. It belongs to me. You don't even have the right to give it to me because it isn't yours to give.

Dr. Cromwell:

This still seems to me to be what we have institutionalized and know today as welfare. Many people would view this as one of the rights of living in our society.

It seems important to me that we encourage an individual family, a single parent, to accept a twenty hour job. We would have to guarantee a subsidy or welfare privilege which would make at least a small amount of work more attractive than being on welfare completely. Why be deprived of contact with children in order to ensure that your wife gets a welfare check? The current practice of welfare is contributive to neither human dignity nor a productive society.

Mr. Marin:

Maybe. I just don't like calling it welfare. I detest the name welfare, the standing in line, the humiliation involved in getting it, the humiliation in dealing with the institutions which give it to you, their attitude toward you, as if you were a failed person who now had to be taken care of.

Dr. Cromwell:

Call it something else. "Welfare" is rather unattractive.

Dr. Mercer:

If there was a guaranteed annual income, then it would not be welfare.

Dr. Rhodes:

I'm beginning to feel uncomfortable and perplexed about what is going on here. We started talking about exceptional children and services to exceptional children. But mostly we have discussed changes in social institutions and in society as a whole. How did we get to this point? Are we talking about changing social forms, about changing community forms?

Dr. Cromwell:

Perhaps the problem is that we are afraid we can't change the school system. So we are distracting ourselves from that task and are instead discussing quite the impossible--at least in the short run: the task of trying to change the society. Or, am I wrong? Can we really hope to change institutions?

Dr. Wood:

I think we should start talking specifically about institutions. My concern is that there is inevitably a great variability in behavior, what you have called variance. Institutions seem to be limited in their tolerance for variability of behavior. I have limits. What I label as deviant behavior may vary with the situation. If I'm in a grocery store and my child walks behind the counter and takes some gum from a box and sticks it in his pocket, I think that's bad behavior. If I'm in the house and there is a package of gum on the table, and my child picks it up and puts it in his pocket, I don't respond in the same way because we're in a different setting.

Since I am concerned about disturbed behavior, deviant behavior, the first thing I would try to do is imagine another setting where that is no longer deviant behavior. To do that, we have to introduce variability into those institutions.

Mr. Marin:

I would even go a step further. Five or ten years ago, I don't think a group of experts would have ended up talking about social institutions in a broad way. The interconnectedness of things has become increasingly clear. In the last ten years, the social experiments in one locale or setting lead instantly into a confrontation with all the other factors which are at work in that one setting. We have suddenly discovered that it is very difficult to change one part of a system without changing the whole system.

But there's a second point which I would like to stress. We have often said that we don't know what is going to happen in the next ten years. I would suggest that even that way of thinking is a schooled attitude which we fall into without thinking about it. One of the reasons that we ought to talk about social institutions is that if you don't have a large-scale vision of how you want things to be, you can't even begin to act in any specific situation, particularly if you understand the interconnectedness of the specific situation with the larger system. So every one of us is presumably working out of some social vision, whether we articulate it or not. We are not being called upon, explicitly or implicitly, to articulate that vision. Many persons here have taken that responsibility, and tried to create, through their immediate life style, a different kind of world which would be more desirable than the one with which we have been dealing with for the last couple decades.

Dr. Rimland:

I object very strenuously to people who insist we should have a vision and strive for it. They become, in my mind, ideologists.

Mr. Marin:

I said we all had a vision, articulated or not, and we ought to be clear about what it was.

Dr. Rimland:

Well, my vision, if you want to call it a vision, is of a pragmatic society which includes a number of alternative visions and tries to collect data on each of those visions, at least the ones that seem the most interesting and desirable. It is not hooked on one particular ideology, and simply tries to find out what works best, pragmatically. I like the term "pragmatic society." Voucher plans have been tried in various places for various purposes; how well do those plans work? I'm sure that the diverse school situation that I proposed earlier has been tried in one place or another; how did it work? Let's find out. Let's not generate a vision the way Marx and Freud and others did, and blind ourselves to the data and to other possibilities, and just insist that we march in that direction. I really think we ought to look, very pragmatically and very empirically, at a number of alternatives, and try to choose among them with the understanding that we may want to change our minds at a later date.

Dr. Newbrough:

Well, it sounds to me, then, as if you are not objecting to planning, but you are arguing for a more pluralistic view.

Mr. Marin:

But that itself is a value. Ten years ago no one talked about pluralism. Try to understand. Ten years ago, you didn't hear that word. Now that doesn't mean that we are more pragmatic now than we were then. It means that for one reason or another we have been forced to adopt pluralism as a value, so we act now in a different way than we did before. I just think we ought to be very straight about the basis upon which we're acting. I call that a vision; you may not.

Dr. Rimland:

I not only approve of diversity; I insist upon it!

Dr. Newbrough:

Peter and I have been talking about the local community, where the people who live there have some hand in the way it is run. If one looks at the local schools and how they operate, one has to conclude that the local citizens or the parents do not have much say in how they are run. We have a representative form of government which is, in effect, nonrepresentative. And we have an institution which is usually very frightened of parents and does all it can to keep the parents out, or at least, clearly in their place. We do not really have, in my view, an American participatory democracy with people running their own local institutions.

Dr. Rimland:

Well, you can lead people to democracy, but you can't make them vote. If people insist on letting the options go by without their choosing among them, then that's their privilege. But I think the options, nevertheless, should be provided.

Dr. Rhodes:

Again, to get back to my question, what does this have to do with exceptional children? Are we saying that deviance itself is a value, that variance in children should be tolerated rather than cured or treated or dealt with in some way?

Dr. Cromwell:

The concept of deviance has really collapsed. We're living in a cockeyed exceptional society, but we keep trying to talk about the exceptionality in society and its institutions.

Dr. Mercer:

Perhaps we have all become sociologists. We are really asking, "What is deviance?" We have social systems that have various statuses. In a school, there is the status of teacher, the status of pupil, the status of principal. Associated with each of these statuses are roles, certain expected behaviors, behaviors expected by other members of the system. Students expect their teachers to behave in a certain way, and teachers expect their students to behave in a certain way. A system of sanctions is developed so that people are rewarded when they behave according to role expectations and they're punished in various ways when they don't. Thus, the system itself determines what is deviant and what is not deviant, depending upon a set of rules that the group enforces. If we can change the institutional structures, change the ways various roles are defined, change the way a good student is defined and the kind of behavior that is acceptable as a student, then we eliminate many forms of deviance. This is especially true if we broaden behavioral norms instead of having only a very narrow range of acceptable behaviors. When we widen the range of behaviors, we eliminate deviance. In a real sense the social system creates deviance by the way it defines roles.

Dr. Rhodes:

Creates retardation, Jane?

Dr. Mercer:

Yes, in a sense that is true. The school makes particular kinds of demands for cognitive skills. Then the school defines those students who are not able to fulfill the standards for those skills as mentally retarded. The norms of the system are enforced by the people in the system. A deviant is simply someone who doesn't conform to the norms. Deviance is social system specific.

Dr. Newbrough:

In a population study in Delaware*, it was found that the severely retarded people who were biologically damaged tended to be evenly distributed all across the social classes, but there was a very clear distribution of the mildly retarded in the lower classes.

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* J. R. Jastak, H. M. MacPhee, & M. Whiteman. Mental retardation: Its nature and incidence.

Dr. Mercer:

It is still very true. It was true in our Riverside study and that was really what led us to the social system view. I think it is the most viable view of deviance. Deviance isn't something that exists in the abstract, it's not some eternal truth which is revealed through an IQ test. The system creates the deviants. If we can change the norms of the system, we change who will be defined as deviant, and how many deviants there will be.

Dr. Cromwell:

The system has changed in the areas outside of exceptional children, and it may start to change from within also. Divorce is certainly not deviant in the sense it was even a decade ago. Alternative life styles, such as living in small communes, are not considered deviant. The time may come when being retarded, handicapped by vision or hearing, etc., may not be viewed as deviant.

Dr. Rhodes:

That's true of emotional disturbance in children. Is it true of delinquency?

Dr. Wood:

I would define it in a slightly different way. Almost anyone who doesn't behave just like I behave is deviant; whatever they do is deviant. But I have an appreciation of the variability that exists in our society, and I find that I like some of the deviants. It's interesting to see alternative patterns.

To my mind that's one of the values, if you will, that I would like to see strengthened within our society and within social institutions. It is an appreciation of the richness which comes with differences.

Mr. Marin:

This raises several interesting questions. The graduate schools are cranking out increasing numbers of special education persons who obviously require a clientele. The studies that I know about indicate that deviance is defined in just such a way so as to keep that population of service persons at work. Now there's a kind of anomaly in addressing oneself to persons within a field which actually demands a clientele and telling them that if we lived in the best of worlds, much of that clientele would disappear.

Dr. Rhodes:

Their jobs would disappear?

Dr. Rimland:

There was quite a large surplus of barbers around for a number of years after the long hair styles got in, and I saw no tendency for the number of haircuts to increase in order to fill the vacant chairs in the barber shops. I do not go along with your theory that the number of deviants is determined by the number of graduates in special education schools.

Dr. Cromwell:

We are long on lawyers because of no-fault auto insurance. Look at the increase in medical malpractice as a result.

Mr. Marin:

The field has grown at just about the same time that the number of persons classified as deviants has increased.

Dr. Rimland:

Yes, but I think you're confusing cause and effect. The reason that the number of graduates and students in special education courses has increased is that society is at last starting to pay some attention to the kids that have been neglected in the past, because they didn't fit the typical or expected mode.

Mr. Marin:

I don't think that society in general makes the definitions or the decisions we're talking about. That's, unfortunately, generally left to experts, and the experts who make these distinctions and definitions are taught to do that in our schools.

Dr. Rhodes:

Am I correct that you've documented this, Jane?

Dr. Mercer:

Yes, to a large extent the teachers, psychologists, and school counselors are the "experts" who decide which students are deviant. They are the gatekeepers to a deviant status and they are themselves products of the schools.

Dr. Rimland:

No, it's a question of consumerism. The parents of retarded children have banded together and said "How come the schools are excluding our kids from an education, whatever the benefits of education are?" Now Peter would question whether there are benefits or not. "But why are our kids being excluded? They're human beings. We are tax payers. You have no business keeping our children out." The parents of autistic kids have done the same thing. "Why are our kids excluded? They are more handicapped than the other kids. If anyone needs to be helped in order to earn a living or get along in the world, our kids need help." It's this consumerism, the kind of thing I'm delighted to see happening, even though Peter doesn't like the word, which has created the demand for legislation. These educational programs have been mandated, and the schools have responded by creating more departments of special education and more slots for special education teachers.

Dr. Mercer:

There are several implications here. First of all, we must all, as professionals in this field, be more careful about the definitional processes we use in determining who is deviant and who is not. We must be fully conscious as to whether or not we're operating from a pathological model, which is essentially borrowed from medicine, and in which there are biological anomalies which can be identified. There is generally no question that the person who has obvious physical anomalies is viewed as different, as handicapped. There are a core of persons, deaf persons, autistic persons, etc., who would generally be recognized by everyone as needing some extra help and some extra training. The problem arises when we move beyond the medical model. At that point, we have used primarily the statistical model. This model utilizes standardized tests to define deviance in which there is no visible biological anomaly. Frequently, however, the disease model has been superimposed on that, and there are people who have come to think of the IQ score almost as if it were a system of biological characteristics, when in fact, it's simply a score on a test. When we get into the borderline areas, we begin to use the statistical model, and it's here where the achievement tests and the screening devices used by the schools and by other social institutions have become devices for enforcing a particular mold. I would suggest that we need to shift to what I would call the "social system model," recognizing that institutions create deviance by their definitions of what is acceptable, and that if we had a diversity of social institutions, many people who are now viewed as deviant would not be so regarded. In a culturally pluralistic system, where there was a diversity of schools, a child who speaks Spanish would not be regarded as deviant. But in many California public schools in the past, he has been regarded as mentally retarded.

Mr. Marin:

Recently, the percentage of the population to be considered as mentally retarded was changed. Who were the first ones responsible for this statistical redefinition?

Dr. Mercer:

The professionals decide who is deviant.

Mr. Marin:

Then it's not so much the institutions in this particular case. It is the profession itself.

Dr. Rhodes:

We have just about come to the end of the hour. I'd like to summarize, and the group here can help me if I leave out any important points that we brought up today. We started out by discussing some of the dramatic changes that have taken place in society. We talked about the movement in our society toward a pluralistic democracy, toward a cultural pluralism. This movement is hitting the schools very hard, so that the schools are being forced to undergo a lot of change, and may be resisting or having difficulty in bringing about the kind of change that will meet the pluralistic demands from Chicanos, Blacks, and various other groups. There are those who want the very strict, conservative, disciplinary types of schools, and those who want the open school with a lot more freedom. And both types are being implemented. So this is really happening in the school systems. Jane thought this ideal was quite possible and could be done within the present school system. Frank raised some serious questions, at least at the high school level, about whether or not schools are really able to tolerate changes toward a pluralistic school system. Peter brought out the fact that schools should be abolished as the only way to educate people, rather than changing schools by bringing about mini schools, pluralistic or diversified schools. We discussed a voucher system and how that system might be used to change education. We might even have the free practice of education just as we have the free practice of medicine. Educators might go into private practice. That brought us to Bob's question about the purpose of schools. What are schools for?

Bob and Rue particularly addressed themselves to radical, social and cultural changes going on within families. Bob thought we should begin redefining what a family is. A family is not necessarily a biological unit, but it is a group of people who come together to live together, to be of mutual support. Many functions of the schools could move back into families or into communities or even communes. Rue brought up the fact that our value systems are changing so that we're looking differently at marriage, not as a holy institution, nor as the only way in which people can come together. We're looking differently at divorce. Divorce is no longer the terrible thing that we once thought it was. Actually some children are much better off when their parents break up, because what is very important for children is to be in a happy, nonconflictive environment. Is there anything else you wanted to say about that, Rue?

Dr. Cromwell:

Well, the introspective or phenomenological model of whether an individual is happy, or in pain, or being deprived of opportunities to learn, could be another basis for this definition of deviance which we are talking about.

Dr. Rhodes:

And then I asked you, "Why are we talking about changing society? Why are we talking about changing the schools? Why are we talking about changing the definition of family and so forth, when we started out talking about exceptional children?" Jane suggested that much of what we call exceptionality is determined by the social system in which the individual finds himself. A child who is deviant in one school, won't be deviant in another school; a person who is deviant in one family won't be in another family. It is the system itself which defines the child as exceptional. Peter raised a serious question about that, saying that it was the professionals and their needs to maintain themselves, their organizations, and their structures. We are the ones who are creating deviance and exceptionality. Have I left out any important points that we have gone over as a group?

Dr. Rimland:

I think the concept of a pragmatic experimenting society is an important one. I think a number of good ideas have been proposed here and elsewhere that should be tried out systematically and carefully evaluated, so that people who want to make decisions can make them based on empirical, pragmatic data rather than having to depend on a subjective vision or ideology.

Dr. Rhodes:

We've come to the end of our time, and I want to thank all of you, Frank, Bernie, Peter, Rue, Jane, Dan, and Bob. Thank you very much.

FUTURES CONFERENCE: WHO CARES FOR AMERICA'S CHILDREN?

This conference was held in April, 1975 at the New Academic Village in Franklin, Tennessee.

Participants were:

Dr. Ann Hill Beuf, Assistant Professor of Sociology, University of Pennsylvania, Philadelphia, Pennsylvania.

Dr. Samuel J. Braun, Clinical Director, Preschool Unit and Coordinator of Children's Services, Cambridge-Somerville Mental Health and Retardation Center, Cambridge, Massachusetts.

Dr. Judith K. Grosenick, Associate Professor and Coordinator, Area of Emotionally Disturbed, Department of Special Education, University of Missouri, Columbia, Missouri.

Dr. Jeannine Guindon, Director of the School of Psycho-Education and Professor of Psychology, University of Montreal, Montreal, Quebec.

Dr. Nicholas Hobbs, Provost. Acting Director, Vanderbilt Institute for Public Policy Studies, Vanderbilt University, Nashville, Tennessee.

Ms. Marion Moses, third year medical student, Temple University School of Medicine, Philadelphia, Pennsylvania, and a former administrator of the Health Program for the United Farm Workers.

Dr. William C. Rhodes, Director, The Conceptual Project in Child Variance, Professor of Psychology, Program Director of Psychology, ISMRRD, The University of Michigan, Ann Arbor, Michigan.

PROCEEDINGS OF A CONFERENCE ON THE FUTURE OF CHILD CARE:

WHO CARES FOR AMERICA'S CHILDREN?

April, 1975

Dr. Rhodes:

I'm Bill Rhodes from the University of Michigan and I am Director of the Conceptual Project in Child Variance. I would like to first introduce the panel. On my far right is Dr. Judith Grosenick from the Department of Special Education at the University of Missouri. Next to her is Dr. Ann Hill Beuf from the Department of Sociology at the University of Pennsylvania. On my immediate right is Dr. Nicholas Hobbs, Provost at Vanderbilt University and also Professor of Psychology. On my left is Dr. Jeannine Guindon, Director of the School of Psycho-education at the University of Montreal. Next to her is Ms. Marion Moses, a former administrator of the Health Services for the United Farm Workers, and now a student in the Medical School at Temple University. Next to her is Dr. Samuel Braun, who is with the Cambridge-Somerville Mental Health and Retardation Center in Cambridge, Massachusetts.

Today we are winding up a three day meeting and we will be talking about some of the major issues in the delivery of services to children who are seen as variant in some way. We will be making predictions about what is going to happen in the next ten years with regard to programs for such children, and we would like to generate a set of recommendations from the members of this panel, out of their experiences and out of their vision of what they would like to see happen in the next ten years in caring for children in the United States. I would like to ask what this group sees as the critical issues that are facing us right now, and that will be facing us in the next ten years in the child care field.

Dr. Hobbs:

To start, we should ask the question "Who cares for America's children?" That question has two meanings. "Do we indeed care about them sufficiently?" And, "Are our social institutions set up in ways that provide adequate care?" The first is a rhetorical question, "Do people really care about children in America?" We say we do. Our nation cares deeply about children; we all like to think that. But I think that the evidence is otherwise.

Dr. Rhodes:

Sam has said in our previous discussions that he has begun to feel, in the last two or three years, that people really don't care about children, and that the person who gives his life to caring for children feels he is not getting any rewards for it.

Dr. Braun:

We assume that we should feel rewarded by the nurturing process of caring for kids. But whether you are a parent or a child care worker, no matter what the level, you begin to feel a kind of frustration. People are beginning to express it and to contend with it, and are trying to understand it.

Dr. Beuf:

This problem may be related to the factory model--that society tends to treat caring the way it treats manufacturing or packaging. We routinize the process of health care delivery; it becomes very mechanical. We transform human relationships into a vocabulary and a mind set that treats them very much the way that it treats products.

Dr. Rhodes:

Sam, do you agree with that particular point of view, in terms of your own experiences?

Dr. Braun:

Indeed. But how can you make a humanistic system that facilitates caring for one another? The arrangements that we have had previously, I think, fail to encourage human relationships. This is true whether it be a granting process, meeting deadlines, determining behavioral objectives, submitting progress reports and continually feeling accountable to many, many different kinds of people who are concerned that they are not getting enough for their money--as though caring could be bought that way. How do you break through that? What other kind of an arrangement can you make? I would hope we can discuss that this morning. We should try to synthesize our concerns, because we come at it from different points of view.

Dr. Rhodes:

I think that one of the most interesting things that has been brought up in this two day meeting, Nick, was the redefinition of the family which you offered to the group. I wonder if you would tell us about that.

Dr. Hobbs:

The Office of Child Development, which is the federal agency primarily charged with responsibility for monitoring federal programs having to do with families and children, would be one of the culprits contributing to this mechanization, routinization, and computerization of care. A few years back, I asked the National Academy of Science to appoint a committee to make recommendations to guide federal policy with respect to family life and child development over the next decade. That committee, as you can well imagine, is composed of people who are, for the most part, part of the establishment. I, myself, elect to work within the system which I would like to see changed. But that committee looking at the status of the family and of the child had an unnerving discussion for five or six meetings on the issue of whether the American family can survive. It's very fragile. Efforts have been diverted in so many directions, and the unit that we have long depended upon for rearing children and bringing them into the culture seems inadequate to the task today. In addressing that question, we finally realized that we needed a definition of what the family is. There is a classic definition of the extended family that is part of the American past--the American myth of a father and a mother and grandmother, some aunts and uncles, some children, and two or three extra people who happen to be there--a large group, with many neighbors. That family passed a long time ago and then we moved into a family structure with mother, father, and two or three children--no aunts and uncles, no grandparents usually. The mother stayed at home and cared for the children; the father went off to work. That was the family pattern on which we based most of our current thinking about social programs for families. But that family no longer exists. We now have a very large number of single adult families, usually one female adult taking care of children with no man officially recognized as the parent in the house. We have the largest percentage of women in the working force of any industrial nation, something that has many positive virtues but also renders impossible the notion of the family that we have had in recent years. So we struggled to see a definition of a family representing what the family does now seem to be. We came up with a definition which I do think reflects current reality, but it was as startling to us as it is to you.

> A family is one or more adults, related or not, who have by choice or circumstance, come to have primary and sustained responsibility for the care of one or more dependent people, usually children; families are usually domiciled together.

It seems to me that this reflects a current reality and it has all kinds of implications for program planning for children and families.

Dr. Rhodes:

I think it does. You said Nick, that you identify yourself as a person working within the establishment to bring about change; and yet, probably this is one of the most radical things that has been mentioned by this panel, because if this redefinition of the family is accepted, it is going to turn the present establishment upside down. There must be some total change within those structures. I see myself as a person working outside the establishment, and for me the establishment is represented by these bureaus that begin in Washington and then are carried down to the state and local levels. I feel that the bureaucratic organizational form of caring is totally inappropriate for human needs, and I agree that we have tried to set up an industrial or factory model to care for people, and I want to see some dramatically different ways of organizing care. But even though there is this difference within us--you see yourself as aligned with the establishment and I see myself as really being a counterpoint to it--we agree on this definition of what family really is in the United States today. The exciting thing about this is that it means that there is a greater chance for revolution of the organizational structures, the institutions which care for people and care for children.

There are people on various points of the continuum with regard to working with the existing care giving systems and so forth. Some are working within optimistically, while others feel overburdened by the bureaucracy of the systems; still others have to get entirely out of the system and make known their objections to the whole basic form of caring. I feel that you need the pressure of this group if any change is going to be brought about, because I have spent eighteen years trying to bring about change from within the establishment. But now I see myself as a defector from the establishment. People here are on different points of that continuum.

Dr. Grosenick:

I would like to hope that we could take the best of both viewpoints, although after our previous discussions, I am not sure what the best of the establishment is. I have thought about where one institution, education, may be in the next ten years. I would like to see decentralization, I would like to see pluralism and diversification. Nick has suggested we might use the strength of the neighborhood as a means of shoring up the family. We must redefine the role of education, going downward and outward into the community. We must have a much broader educational system, a great deal of diversity. I am not in favor of the traditional structured classroom, nor the other end of the pendulum. I would just like to be there right in the middle.

Dr. Rhodes:
You wish the pendulum would stop swinging.

Dr. Grosenick:
Yes, just long enough for me to catch my breath. I think there are some good things about both approaches. I don't know if you can straddle establishment and nonestablishment, but I sure am going to try.

Dr. Braun:
We are dizzy from trying to make patchwork out of programs and people, putting it together, packaging it as a great idea, and watching it take about three years to peak and then fall by the fifth year into disrepute or just disappear from our thinking. And then another bandwagon starts, as though it is going to solve a problem. Having been through that experience at a very fast pace in all of the caring systems, some of us get a little leary about any solution at all, wondering why we are continually swinging back and forth like this. Could it be that when we present a new idea, we do not have enough commitment, we do not give it enough time and effort to take root? It's like throwing seeds on soil that has never been prepared and wondering why they wash away. It's inefficient or ineffective. But it leads me, when I consider a solution or a set of solutions, to be skeptical and to wonder if I am going on another ride. It's the feeling among the people I work with that we want to make sure that if we are going to start something, we really mean it and we stay with it long enough to see it through, and have the effort and the commitment and the money to be able to watch it take root within a community.

Dr. Rhodes:

What kinds of things are you talking about, Sam--the changing fads in child care, programs that have come down from the federal level?

Dr. Braun:

I think you can get them from almost any end. For example, mainstreaming is a concept that got so overworked that it forgot people and who they were.

Dr. Rhodes:

You might explain mainstreaming.

Dr. Braun:

I am not an educator. I'll let Judy do that.

Dr. Grosenick:

I don't think anybody can explain mainstreaming anymore. It's been so diluted--I suppose polluted is the popular phrase to use. It's really meaningless now because it is interpreted so many ways. Some people equate mainstreaming with zero reject; there shall be no special education, everybody is going to be in the regular classrooms in the mainstream, regardless of handicapping condition and severity. Then there are more realistic groups, those who first proposed mainstreaming, who say, "Mainstreaming really means finding the appropriate kind of educational program for a child." That may or may not be a regular classroom. It may or may not be a self-contained classroom but there should be alternatives for a child educationally. But somehow what's happened has been this mass dumping of kids in the classroom. Now the people who created mainstreaming are saying, "Hey, wait! That's not what we meant."

Ms. Moses:

I think it's because of the way we impose programs. We start off with money and a program. Then we search for a situation that matches it, or try to make a situation in a community conform to our program. We ignore what the actual situation is, what the actual problems are.

Dr. Hobbs:

Mainstreaming seems to me to be just one aspect of a larger basic principle that I think is quite sound. I certainly agree that the concept has been seized upon and abused, and seen by a number of people as a way of saving money. Many mistakes have been made, but fundamentally, I think it is a sound notion. The principle is that when we intervene, we should intervene the least possible amount. It is an evident disenchantment in the bureaus, and in programs that have taken over family functions so unsuccessfully. In the past, we have put the very retarded child in an institution. If he is mildly retarded, we have put him in a separate classroom and kept him there for his entire school career. If he is an ajudicated delinquent, we have put him out of sight, out of mind. Now, the principle is, in all of these instances, to remove the child the least possible distance in time, in distance and in the psychological texture of the experience. In some cases, the state does have to intervene. There are children so profoundly retarded that they are going to have to be cared for, for life, by state institutions. There are kids who rape, who burn, and they have to be contained. However, we contain far more than we need to. It is romantic to believe that one can abolish institutions.

I am concerned that many of our interventions have weakened the family. Professionals take over, institutions take over. The family is excluded from the care of the retarded or disturbed child. In the last three or four years we have begun to attempt, in every kind of intervention, to have the result be not just caring for the child, but a strengthening of the school, home, etc. This would be an investment in the normal socializing agencies of society, whatever they might be in a particular community.

Dr. Grosenick:

Nick, I don't think that I would argue that the fundamental principle is bad, but we must look at the packaging of it. As soon as this nice sound principle gets disseminated, it gets packaged in various ways. You pick up magazines and you read, "This is our mainstreaming program; this is our mainstreaming program, and this is our mainstreaming program." It's this abuse and routinization of mainstreaming that is devastating.

Dr. Hobbs:

And the same thing could be said for deinstitutionalization.

Dr. Guindon:

The first question you asked was "Do we care for children?" Then we talk about "containing" children. I don't think that it shows that we care very much for the child. All those programs should be for the good of the individual. Instead of "contain" the child, we would say "reeducate" the child. That would mean bring out of that child all the strengths that we really can actualize in him.

We very often talk about mainstreaming. That's a fad. To have real mainstreaming that would really be helpful, we would have to know how to devise individualized programs for the children. Then we could bring them into the mainstream. "Do we care for children?" I think we have to come back to that.

Dr. Hobbs:

Of course, many parents are protesting mainstreaming because they can see that it's not done properly and there is no adequate programming. They see that children who were getting appropriate instruction for their difficulty of vision or hearing or mental retardation are now no longer getting the education that they were getting before. They are very appropriately protesting.

Dr. Rhodes:

I would like to get back to this question of who cares.

We made an assumption that the state can care, and I think that is a false assumption. I don't think that a disembodied entity like a state can care. Therefore, any program which it sets up can't have this basic element which is necessary in child rearing, and in any kind of interaction with people in trouble. The state can't have that. I think in this country we are going to have to have a separation between caring and the state, just as we have a separation between religion and the state. I know that this is very radical. It is hard to imagine how people would be cared for if the state didn't take primary responsibility. But this is part of our basic problem--that caring has to be returned to people. People care and states cannot care; therefore bureaucracies can't care.

Ms. Moses:

That challenges the whole role of the professional and the expert, and of the multiple layers of people who are interveners. I agree with Bill. I think people know how to do things. People want to do things. But society puts people in situations where they can't care, they can't really follow natural instincts. The things people do instinctively and naturally are getting more and more difficult.

But, what are we going to do with a whole layer of people? What are we going to do with all the people that we sent to school to learn how to do these things? I don't know. Are they going to be willing to give up their professional prerogatives? Are they going to be willing to allow untrained people to intervene and to be a part of the caring process? These people have to have jobs too.

Dr. Guindon:

Yes, but do we have to be untrained to care? If we have to be untrained to care, what is the training doing to people? Does professionalization mean that we are just thinking of our own jobs and our own egocentric needs? A profession's function is to give services to somebody else. If it forgets this, the professional body is forgetting their main objective, the reason why they are there.

Ms. Moses:

I didn't think of that. Of course you don't have to be untrained to care. People go to medical school, nursing school, social work school, special education school, whatever it is, to learn how to care for people, because they care about people. But many are disillusioned because they don't really learn how to care about people. If they have good instincts for caring about people, they are sort of programmed out in the name of science. "You must learn to be professional and not get emotionally involved with people." The young people that I know are rather upset about this and they tend to avoid professional schools for this reason.

Dr. Grosenick:

Marion, I don't think it is necessarily the fault of professionalism. In the schools we can reinforce those natural instincts, but when you get out there and you work within the system, the system doesn't reinforce you. The system beats you down. You try to work with the principals and teachers, but they beat you back so much that eventually you become like the rest of us, rather skeptical.

Dr. Braun:

We have been raising the same issue over and over again. How do you put humanity back into an industrial and highly technological society? We just can't help ourselves. We have learned to work and think and live in a manner that in many ways is antithetical to being human.

Dr. Beuf:

We have been talking about education, but we have to tackle other institutions. For a lot of people, especially minority groups and poor people, education may not be the first priority. Other issues are more crucial to them. Economics is one of those issues. People simply have to be economically secure, enough that their basic needs are going to be met, that they have some autonomy and can make choices, that they can use their leisure time in a fulfilling manner. The other needs have to be met before people can care about others. How do you begin to break into that?

Dr. Grosenick:

Suppose somebody went into a restaurant and asked the waitress what her concern was for the future. She isn't going to say any of the things that we were saying here. She would probably say that her concerns are economic. I don't think it's that she doesn't care, but there are just other pressures that have to take precedence over caring.

Dr. Rhodes:

Would you say, then, that there is an absence of caring among poor people?

Dr. Beuf:

No. Not at all. I would say that they care very much! But those people still have to eat. They have to clothe the children. They have to put food on the table. That takes them a lot more time than it takes the middle class person because they don't have all the resources, gadgets, and help. They care very, very much, but without that bedrock of security they can't act on that care.

As a middle class woman, I can say, "I'm going to work at the hospital five days a week." or, "I'm going to help in the nursery." I can say that because somebody is going to put some food in the icebox. If you are not a working mother, you do have that time. Other women really have to use that time to make some money.

Dr. Hobbs:

I agree with that.

Dr. Beuf:

Neat.

Dr. Rhodes:

Well, if that's true, then you are saying that we probably should not concentrate on trying to set up new programs for children or trying to change existing programs. We have to begin someplace else.

Dr. Beuf:

I am not sure it's a question of beginning. My feeling is that we might take money that's been put into defense and into space technology and channel it into people. Then you wouldn't have to set priorities about people. You wouldn't have to say first the family, then little people. Little people are a part of the family. You could proceed with both of those things at the same time.

But I do have a problem with one thing. I know that if we talk about a really good income distribution system, we are going to set up another bureaucracy. I am always cautious about new bureaucracies, even though people need money.

Dr. Hobbs:

Since World War II, quite remarkable progress has been made in circumscribed areas. Sam, I would bet, from just knowing you now for two days, that if I went up to see your program, I would find evidence of caring on the part of a lot of people doing great things with kids. I have visited Jeannine's program and know that it is a fantastic operation. If you visit one of the Re-Ed schools, which Bill and I worked on for several years, you are overwhelmed by the evidence of people caring. Everywhere I go, I turn up some new, different way of going about helping kids and families; the people are deeply invested in it, and it seems to be working pretty well. So, my feeling is that we have made a lot of progress on that front. Where we have remaining major problems is, as Bert Brim calls it, at the macrostructural level, at the level of income distribution or of an adequate health system for all the people of the nation or of adequate programs of housing, security, or recreation. At these structural levels we have got a long way to go, and I think that's the task for the next ten or fifteen years.

Ms. Moses:

I really think it depends on where you are sitting and what makes you comfortable. I am interested in services, but services flow from justice. I know that may sound corny, but I am not really impressed with some of these programs. I guess it depends on where you are working. Now, I do work with poor people. I have worked with people who are not only a minority group, but who are also poor. Almost everything I think and feel is colored by that experience. These are not people who are in the mainstream of American life. No way are they! Many of these programs are not touching them. It is a very dangerous thing to believe that we are really pluralistic and democratic. That may be true for certain people who are good Americans and know how to fight and struggle and survive. But people who are trying to retain their own cultural identity, their own ethnic identity, don't buy that stuff, and they wonder, "Why do I have to be like that to get the goodies?" "Why do I have to do that?" They are challenging on a very fundamental level, and saying, "America, are you really pluralistic? Are you really willing to accept me? Are you willing to let me do it myself?"

I don't think we are. My experience has been that we are not. Now, I am not saying that it's a big evil place and nobody cares; I think that people do care, but I also think that there is too much of a tendency to be satisfied with a collective solution. We look at the situation and see that it's not quite as bad as it was. The statistics look a little bit better. But, if you deal with one individual at a time, there are still a lot of suffering people. I am interested in the people who fall through the sieve. That is what worries me about programs for children, programs for the handicapped, programs for this, programs for that. Somebody is always going to get left out. That's why I don't like programs. I don't think that is the way to solve the problem.

Dr. Beuf:
It seems to me that we really are responding on two levels to caring. Jeannine is right, we do care. A lot of people care. I'm not sure that the people who do have power and the people who do the caring are same people. I think that is a really major problem.

Dr. Rhodes:
Maybe they are antithetical.

Dr. Beuf:

I sometimes wonder if that isn't true.

Ms. Moses:

Maybe they are.

Dr. Rhodes:

That does pose some tremendous problems because it means that we have to find some entirely different ways of caring, to ensure that it can flourish. Nick is talking about the macro-level. He is talking about such things as income support to families, and so forth. Doesn't that fit too?

Ms. Moses:

When I first was working with the farm workers, we used to go around to meetings, and people would say, "Farm workers need housing. I am going to Sacramento and lobby for a program to get housing for farm workers." "Farm workers need health care. We should go to Washington and lobby Wilbur Cohen (or whoever is HEW secretary) for good health care for farm workers." We always had our standard answers to these people. The answer was, "Look, give me a decent break. Give me a job. Give me the money. I'll get my own health care. I'll build my own house. I don't want you to build it. I'll build it where I want it. I would like to express some of my individuality." (I don't know if you have ever seen farm worker housing. It's grimsville. It is what the establishment thinks farm workers ought to have. It's really interesting. You can tell a lot about what they think of people by the kind of housing they provide for them.)

That kind of mass solution is not going to work at all. People have to be able to make their own decisions. We are constantly supporting income; we are constantly giving more food stamps; more and more people are getting welfare. I think somewhere along the line, we have to decide what we are doing. What are we turning people into, that they can't fall back onto their own resources anymore?

Dr. Beuf:

I think, though, you have to start somewhere, and I also think there is a difference between talking about programs and talking about income. It should be possible to give people an adequate income with no strings attached. No rules. No regulations. No accountability. You are all entitled to a decent living. That's very different to me. Then those people can get together and say, "Let's do something about our housing for ourselves." Why do we have to operate on one level or the other? I think you can talk about a massive macro change in terms of reallocation of individual resources. And then you can talk about letting the people, once they at least have that, set up their own programs. I feel you are going to have to do something massive at some point but you have got to be very, very careful how you do it. You can't go in by saying, "We are going to build your houses for you." You go in by saying, "Everyone in this country is entitled to at least $8,000 a year. Here's your $8,000."

Ms. Moses:

I agree with that. It implies that everybody shares in the productivity of the society, and we couldn't do without any of us. Everybody has got something to contribute. Do you really think that is feasible or probable in the next ten years?

Dr. Beuf:

In realistic terms, I think we will probably get something in the next ten years. I don't think it will be a minimum income of $8,000. And it will be complicated by all kinds of little requirements and forms and so forth.

Dr. Rhodes:

Then you are rather pessimistic about the chances of adequate income support in the next ten years. Tell me a little bit about that.

Dr. Beuf:

About why I am pessimistic? One reason I am pessimistic is because we operate in terms of a scarcity model, and in terms of a Protestant ethic. That means we still, whether we acknowledge it or not, comdemn the poor. We expect them to somehow make up for our paying our taxes, by being accountable for the money we give them. This always comes up in Congress, and the legislation is compromised to give them less.

The other problem is that we are in a time of economic recession. That's another reason I am pessimistic. I can't see any big allocations, except possibly for defense, in the next few years. If my pessimism is realized and, instead of a good maintenance income, we get some kind of a compromise program, we must ask about the effects of such 'tinkering.' If we just mess with this system a little bit, is that really doing anything for it at all?

Ms. Moses:

I was accused once of being a tinkerer. I was told I was really deluding those people by making life a little more palatable, by making programs a little more humane, by basically making their lives a little bit better. It's possible to make tolerable what are basically, very oppressive, unequal, unjust conditions. With the feelings that I have about society and what I want do do with my life, that is a very serious charge to make; I don't want to be a tinkerer. Some very basic, fundamental changes have to be made, and I am not sure that tinkering might not be, in a sense, counter-revolutionary. We get so good at what we do and we support each other so much in our tinkering, we create something that satisfies us and actually works rather well because we devote so much time and energy to it. But maybe we are so far from what we ought to be doing. Are we tinkerers? We think we are getting at the basis of the problem, but are we really?

Dr. Rhodes:

Revel says there is a revolution going on in the United States. Do you agree with that? Are you advocating somethink new that has never been--new arrangements, new attitudes, new relationships? Do you see that kind of revolution?

Ms. Moses:

I don't see a military revolution. I should say that right away. No. I see a revolution in the sense of really getting back to where people are coming from. Human relations are what we are really talking about. We are talking about caring, and being able to strip away the whole layers that we have built up on human relations. The revolution is to turn that completely around and say, "OK, we are going to do it differently." We have got to do it differently, and in order to do that we are going to create this dialogue. Now that may require an economic revolution. It may require a completely different way of distributing resources in this country. There is no question in my mind that it will require that.

The revolution I am talking about involves a change in the way we think about services. Perhaps we ought not talk about services. Perhaps we ought to talk about justice. It is very difficult for us to really put the power where it really belongs, in the hands of the people that we are trying to serve. I think that is a very revolutionary idea.

Dr. Rhodes:

Yes.

Ms. Moses:

People think, "We really care." But, when you ask, "Are you going to let those people make a mistake? Are you going to let them do it? Are you going to let them have their own program? With no strings attached? Are you really going to do that?" You find out that they are not really going to do that. They are not prepared to do that. Can we really be democratic? I believe in democracy. But democracy is a very revolutionary idea in this country.

Dr. Rhodes:

I am very much in agreement with your position. I have already said how I feel about state intervention in people's lives, state caring. The state supports a particular way of structuring resources and people in order to carry out some sort of function. The bureaucracy which results is hierarchical and vertical. I call it vertical because since World War II, and even before that, programming has been initiated from the federal level downward from the central bureaus, like the Office of Education, the Institute of Mental Health, and the Social Services Bureau. It also is a form of organization in which everyone's role is carefully prescribed. The way in which each person is to function is very clearly specified in a job description. The way in which he is to relate to the people who receive help is set down in guidelines that come down from the central bureau. The way in which the care receivers are to respond and interact with the professional care givers is prescribed.

Dr. Hobbs:

That is a structure, Bill, that I don't recognize. I don't see the state as something different from people. The state is the guys that you find in the Washington airport at 5:00 or 6:00 p.m. on Friday night standing ashen in cardiac row, hoping to get home to their families for a couple of days. I find them, on the whole, pretty decent people who are trying to do their jobs well as bureaucrats or congressmen or committee members. Anytime that you have a complex organization you are going to have to have some people with continuing roles. You must define those roles in ways that help them to be just as creative as they possibly can be. I don't equate bureaucracy with regimentation or narrowing of responsibility. On the contrary, it's the kind of thing that gives stability and predictability, and enables us to get jobs done efficiently with less energy and time. I notice that you have your own bureaucracy in your community. People have certain assigned roles and they are expected to carry those out. People rely on each other to do certain things.

Dr. Rhodes:

You could say that any kind of organizational order is bureaucratic, but I don't think so. Ann, you are shaking your head and as a good sociologist, maybe you ought to come in here.

Dr. Beuf:

Max Weber, a German social philosopher, coined the term "bureaucracy." Weber pointed out the increasing inflexibility of these structures, once they get going, and that the efficiency mode catapults you into ever increasing specialization, ever increasing narrowness of function, ever increasing rigidity of rules. I don't think any organization is necessarily a bureaucracy. There are certain key characteristics, such as hierarchical arrangements, and allocations of roles by talent rather than inheritance, but especially the rigidity and the efficiency orientation.

Dr. Hobbs:

I get the feeling that you all would like to stop the world and get off. Here we have got this terribly complex society, a couple hundred million people, airplanes, telephones, change occurring at incredible rates; it is all terribly difficult to manage. I share completely the values that you espouse, but I don't think it gets us very far to say it's the state, it's the bureaucracy, it's Washington. It's a tough problem. How do you keep it going and not have it fall apart or not have it wreak terrible injustice on people?

Ms. Moses:

Maybe it ought to fall apart.

Dr. Hobbs:

Maybe so.

Ms. Moses:

Maybe it is falling apart from its own ineptitude, its concentration on its own efficiency, its lack of humaneness and humanness. Maybe it ought to. But here's where the tinkerers are saying, "Oh my goodness, no. We must, whatever we do, we must--"

Dr. Rhodes:

Hold it up a little longer?

Ms. Moses:

Yes, right. But we are afraid to have it come crashing down before we have something to build in its place. Can we wait for that?

Dr. Beuf:

I think there are some really wild structural things that you could do. We might take a lesson from some other cultures and shift people around in that bureaucratic structure. Suppose some of those people in Washington had to teach Head Start for awhile. It might increase the flow of information within the levels of the bureaucracy. It might make a little change--that probably is tinkering too.

Dr. Braun:

I'm not sure that is tinkering.

Ms. Moses:

That would be a profound change. The worst thing about bureaucracy is the hierarchy and the inevitable elitism. It is certainly true in my former field, nursing. The person who is the least rewarded is the bedside nurse and that's the most important task. I know a group of nurses who are experimenting in a hospital in Philadelphia. Everybody does everybody else's job, and it has revolutionized the way people feel about each other and themselves. They really value other people's work much, much more and they value each other's contribution. If that's what you are talking about, it could be tinkering, but it also could be the beginning of the revolution.

Dr. Braun:

You don't have to use the word revolution.

Ms. Moses:

Why not? What's wrong with it?

Dr. Braun:

It's overworked. Rather than call it a revolution, why not say that maybe it's a very simple way for people to deal with complexity, to be able to see another person's point of view?

Ms. Moses:

Well, it is a little more than seeing another person's point of view. It's changing your perception of that person's reality. It's really seeing things in a completely different way. I think that's very revolutionary when it happens to someone.

Dr. Rhodes:

There is a dramatic transformation which occurs when you somehow shift your perspective and see things through the eyes of another group; you see a totally different world view. This kind of thing has to come about. I have gone through it myself. I was a bureaucrat. I did work in Washington in one of those bureaucracies. The bureaucracy colors what you do and think. When I was in the airport worrying about my family, I was a different man than I was when I was in my office dealing with grants. But, I have had the experience of seeing the world suddenly flip. Now, instead of trying to treat deviance in children, I celebrate deviance in children. I see things through different eyes entirely. I don't know how you bring that about in people.

Dr. Braun:

You are asking people to get in touch with themselves enough that they can see through their role, step aside and get a perspective on living, rather than rushing from one thing to another without having an opportunity to care for somebody else.

Dr. Guindon:

May I ask you a question, Sam? You have told me that you worked for fifteen years in the bureaucracy, but during the last year you felt that you began to question that role. What happened? Has the bureaucracy become more rigid lately?

Dr. Braun:

More offices were established to manage other services. Things got out of control. One group is imposed on top of another and it increases complexity.

Dr. Rhodes:

Are you saying that the rate of tinkering has accelerated?

Dr. Braun:

Yes, primarily bureaucratic tinkering. It has imposed dreadful things on people.

Dr. Hobbs:

Do you think that has sharply increased recently?

Dr. Braun:

In our state, just in the last year or two.

Dr. Grosenick:

You proposed the idea that maybe it would help the bureaucrats to get into the classroom. What about the reverse?

Dr. Beuf:

I think that would be great.

Dr. Grosenick:

Suppose it brushes off the wrong way? What if it backfires on us, and people appreciate bureaucracy? Could the Head Start teacher, being thrown into that situation, understand the headaches that the bureaucrats are going through and say, "Gee, I really understand why you function the way you do" and not attempt to change the system?

Dr. Rhodes:

Communication would certainly be opened up if that did happen.

Dr. Beuf:

If you really did that, I am not sure you could call it a bureaucracy anymore. Once you have achieved flexibility of roles, rather than a rigid hierarchical set of slots, you aren't talking about bureaucracy anymore.

Dr. Grosenick:

I wonder if, in the year 2800, another group will be sitting here and saying, "We need to be more efficient."

Dr. Beuf:

God knows what it is going to be like in 2800. Maybe the social conditions will be such that they demand more bureaucracy. I don't know. All we can deal with, really, is the set of social givens that we have confronting us right now.

Ms. Moses:

But I think there are some indications of the future. I think it is very interesting that many, many young people are living in communes, that many people are involved in the women's movement, that the Chicanos get together and build their own clinic.

Dr. Rhodes:

Like Synanon, people taking care of themselves?

Ms. Moses:

Right. These things are proliferating rapidly across the United States, and they are antibureaucratic, antisystem. Don't you think that's some indication of where we are heading?

Dr. Beuf:

Oh yes. I am not arguing with that at all. I think we should be here, talking about the future we can envision. All I am saying is that we shouldn't expect that our goals represent an intrinsic, permanent, human condition. In 2800, there may be some fantastic ecological crisis which demands a new set of responses. That does not negate the value of sitting here right now and talking about what should happen in the next time period as far as we can see.

Ms. Moses:

I thought you were saying that we really couldn't get any idea about the future.

Dr. Beuf:

Oh no. I can use what I know right now and I can do some kind of analysis on what is going to happen in the next few years, but I think maybe we have laid too big a burden on ourselves when we feel that we are planning the future.

Dr. Guindon:

We are still looking for answers instead of trying to adapt to the changes. Instead of envisioning an end product, we should be redefining institutions in order to adapt to ways of living and values that are changing.

You were talking about social systems, Ann. Do you mean open social systems, instead of bureaucracies which are inflexible from the top down? An open system could be flexible from the bottom up and the top down, too. Do you think that could be envisioned in the future?

Dr. Beuf:

Yes. I think it would take a long, long time, especially in our society where status is so incredibly important. What you are talking about is eliminating high status and low status. I would really like to visit places like China and see what success they are having; they are tinkering with that a little. I don't think they have done it well. But, they do send bureaucrats out to plow the fields. I would really like to study that and see how effective it is and what it does to people from the inside out. I do think it is possible.

Dr. Guindon:

To change roles completely would be even harder than instituting the dialogue that Marion mentioned.

Dr. Rhodes:

Very difficult. I can attest to that.

Dr. Grosenick:

I really worry about dialogue. It may be easier to accomplish but I don't know if it is going to be as effective. Maybe we need to spend our time trying to work for the ultimate of experience.

Dr. Rhodes:

Nick, as a person who sees himself as working within the systems that exist, and who feels that the systems are getting better and can get better, what kind of changes do you see? Would you tell us as a person who represents the bureaucrat, a person who has sympathy for that method of solving problems?

Dr. Hobbs:

Well, let me try to do that briefly, Bill. A committee of the National Academy of Science will be recommending government policies for the next decade. One recommendation will be for a guaranteed annual income. I'm pretty sure it won't be $8,000 at the outset, but the principle will be established. It would probably be tied directly to the income tax, because the group is wary of developing a bureaucracy to administer a guaranteed annual income. The report will make some recommendations about health services, about day care, and about other kinds of family support services and institutions. These proposals start off with a commitment to the family as the primary organizational unit of society.

Dr. Rhodes:

This is not the usual nuclear family we are talking about?

Dr. Hobbs:

No. The family is defined by the definition I gave earlier. We intend our endorsement of the family as a primary unit for the protection and socialization of children to be more than a platitudiness statement. It would require a scrutiny of all federal social legislation on the books or of every federal program ensuing from such legislation in the future to assess the probability that the legislation will strengthen the family or weaken the family. It would require the filing of a family impact statement for any proposed legislation, for any proposed program.

To have an effective policy of supporting families, we have to find ways of reestablishing the neighborhood. Much that we have done in the last two or three decades has destroyed the neighborhood. Families can't manage by themselves. The family and the neighborhood has been a casualty of technological progress, and the rearing of children becomes partly a community responsibility. Children are reared, not only by their parents, but also by uncles and aunts and grandparents, the family next door, the family down the road. The neighborhood also provides an array of adult role models for children to try out, to shape their lives after.

The committee also starts with the assumption that diversity is to be preferred over uniformity, that local initiative and local responsibility, aided by community, state and federal effort, holds most promise for solutions to family life and child development problems. Our society is committed to pluralism and our children should grow up and learn in settings that affirm this commitment. We know too little about the optimum conditions for family life and child development to fix on a limited array of solutions. We are, therefore, strongly inclined to believe that different people in different places need different conditions for optimum development.

The committee's recommendations add up to a national family service and child development program that would encourage diversity, local responsibility and individual invention. One thing the federal government should insist on, and this, in a way, violates local autonomy, is that a goal of all programs should be to guarantee, to the extent that it can, an equal access to opportunity for all children. That's harder to do than to say, but it is a fundamental commitment. It seems to me to tie in closely with two problems that we really haven't solved. How do you distribute the resources of the nation with justice? How do you manage the issue of minority groups in the country? Public policy should be based on the assumption that people, however poor, make reasonable choices. The question is this: Will poor people, if given resources, make intelligent decisions regarding their needs and how to meet them? Or must services for the poor be rendered and monitored and accorded to the states conception of what's good for them? Our answer is that people can choose and that they can choose intelligently. The report reads:

> It is a widespread conviction that the poor are poor simply because they are incompetent. We think this hypothesis is a false foundation for policy. A system that assumes poor people incapable of intelligent choice will find abundant evidence to support this presupposition. Expectations of people have a way of

confirming themselves. We have a contrary expectation. We start with the assumption that people, poor and rich alike, are better able to make good decisions for themselves than professional helpers, social workers, psychologists, physicians and professional arrangers. Politicians, bureaucrats, businessmen, are inclined to assume this is an essential postulate for increasing the capacity of people to be responsible for their own lives.

The first requirement of a sound national policy for child development is a fundamental shift in public policy. Current policy emphasizes the treatment of specific ills and disorders after their care, an expensive and short-sighted strategy. Future policy must emphasize long-term human resource development and maintenance and there are some things that follow from that. We need a shift in emphasis, the report argues, from helping troubled or damaged children to rearing children of robust health and character, who are resistant to damage. We need to shift from an emphasis on individual clinical services to an emphasis on major social forces affecting families and children and to reorder those from reliance on specialized child care institutions to strengthening of the normal socializing agencies of society, the family, the neighborhood, the school; from crisis intervention to prevention; from episodic treatment to sustained care; from fragmented services to comprehensive coordinated effort; from categorically organized services aimed at a specific population of children, such as mentally

> retarded, to comprehensive universal services for all children and their families; and from expenditures for short-term gains which have characterized much of our programming to long-term investment in the future strength of the nation by nurturing adequately each rising generation.

Another statement here says that services for children and families should be provided across the board. We ought not to have a two class service for kids: one that the poor people get and one that everyone else gets. That's the way Title 18 screening is set up now. The Blacks, Puerto Ricans, poor, dispossessed get screened. The rest of the kids don't. There is an explicit and pretty strong argument against that kind of two-tiered system in the interest of support of families and kids.

Dr. Rhodes:

Let me read again Nick's definition: "A family is one or more adults, related or not, who have by choice or circumstances, come to have primary and sustained responsibility for the care of one or more dependent people, usually children. They are usually domiciled together." That's quite a different kind of family than we think about. That would take some national reorganization of mind structures. Let's have some reactions to Nick's assumptions and proposals which, after all, will probably get into the governmental mainstream in some form or another if Nick's past track record is any indication of the future.

Ms. Moses:

My initial reaction is that it's very beautiful. The Constitution is a very beautiful set of words too. The problem is more in the implementation. I was especially interested in two things that you said. You suggest that the poor have the ability to choose intelligently. Intelligently by whose standards? Who is going to decide whether it is intelligent or not? The other statement was that "the rich and poor alike can make decisions." I just don't think that's really true. The poor are worried about survival, and other interests and concerns really aren't vital. I'm afraid it's going to go the way of "Maximum Feasible Participation of the Poor," which was the strongest part of the Economic Opportunities Act legislation. It really enabled people to get their teeth in the program, and was the first thing to go when the going got rough.

Dr. Rhodes:
What do you mean, the going got rough?

Ms. Moses:
It got rough when it came to the point where the local politicians and the local power structure came in conflict with the Maximum Feasible Participation of the People, who wanted something different from what was proposed. It became very clear which side Washington was going to come down on, and it destroyed a lot of programs. That's my reaction.

Dr. Rhodes:
Any other reactions or comments or responses?

Dr. Braun:
I wonder how long that commitment would last, and I wonder if you could sell that idea to a group of legislators. That's one thing. Another is that I am curious as to how one would go about implementing the proposal. If our past record is something that we have to rely on, I think we are in trouble. If we add something, it may be enough to just bog the whole thing down so completely that it falls of its own weight. I wonder whether it would hit my neighborhood and strike a responsive cord, or whether the automobile has made the neighborhood so large and all-encompassing that we don't have neighborhoods like before. The people that I might want to barter with on child care live twenty miles away from me. I trust them with my kids because we share certain values together and they are in my neighborhood of friends.

Dr. Hobbs:

Well, Sam, I don't think you need worry a lot because I have no illusions that everyone is going to adopt these.

Dr. Braun:

You don't?

Dr. Hobbs:

The strength of the system and its weakness is that we keep debating and expect this will shift the balance a little bit in the direction of more reliance on people, rich and poor, to manage their own lives. There is a lot of sentiment, widely shared in a number of statements made this weekend, that I think makes a difference. I am fairly sanguine about the message getting through. But, it's cumbersome. It takes a long time; a lot of kids get mangled in the meantime.

Dr. Guindon:

I still have hope that individuals can change part of the system. I think that if we don't have hope in changes, we will paralyze ourselves. I feel hopeful that we have a long term commitment to those objectives.

Dr. Rhodes:

I am optimistic about change, but not change through any consensus coming from a committee being implemented through governmental systems to care for people. I don't think it will happen that way. I think that Sam, in his own state, experiencing this rapid acceleration of attempts to patch up the system, is experiencing something that is going to spread throughout the United States. I think that the system is going to fall of its own weight and its tinkering. Nick has suggested some radical changes within the system, but I am afraid that parts of those changes will be taken and translated into tinkering.

We have talked about two kinds of solutions to child care problems in the future. One set of solutions would be through the existing systems of caring, bringing about some decided modifications in the way in which they operate. On the other hand, we have the more radical view that those systems can never care for people and that we have to come to totally new arrangements within the society, totally divorced from the bureaucratic structures and from the state itself. Members of the panel have placed themselves on different parts of that continuum. Thank you very much.

APPENDIX

CONCEPTUAL PROJECT VIDEO TAPES

General Introduction

A Study of Child Variance: Part A, Theories (20 min.)
A Study of Child Variance: Part B, Interventions (34 min.)

Topical Interviews

Theories

Bernard Rimland-Biogenic (25 min.)
Jay Birnbrauer-Behavioral (53 min.)
Jane Kessler-Psychodynamic (58 min.)
Thomas Scheff-Sociological (55 min.)
Edwin Willems-Ecological (57 min.)
Herbert Grossman-Countertheory (28 min.)
Everett Reimer-Countertheory (38 min.)

Interventions

Allan Cott-Biogenic (30 min.)
K. Daniel O'Leary-Behavioral (30 min.)
Jeannine Guindon-Psychodynamic (31 min.)
Carl Fenichel-Behavioral/Psychodynamic (31 min.)
LaMar Empey-Environmental (20 min.)
Humphry Osmond-Environmental (31 min.)
Peter Marin-Countertheoretical (30 min.)

Care Delivery Systems

Vernon Haubrich-Education (30 min.)
John Seeley-Mental Health (30 min.)
Sanford Fox-Legal/Correctional (30 min.)
Haskell Miller-Religious (30 min.)
Richard Cloward-Social Welfare (30 min.)
Sam Keen-Counterinstitutions (30 min.)

Discussion Topics (Conference Excerpts)

Theories

*Borrowing Across Theories (32 min.)

Interventions

*Ethical Issues (25 min.)
*Forms and Effectiveness of Institutions (31 min.)
*Effective Teaching (20 min.)

Care Delivery Systems

*Bullets and Ballots (18 min.)
*Special Problems and Needs of Caring Institutions (28 min.)
*We Begin in the World (28 min.)
*Defining Deviance (24 min.)
*Redefining Values (24 min.)

The Future of Child Care

*Child Care in a Strained Society
*Schools, Melting Pot, and Differences
*Who Cares for America's Children?

*These tapes are available from The University of Michigan Audio-Visual Education Center for a rental fee of $6.00.

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What changes in content or organization would you suggest?

What extensions, or supplementary materials, would you find useful?

What do you like best about this volume?

What is your main criticism of this volume?

Other comments?

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